## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135207

FILED
Jan 20, 2006 08:00 AM
Secretary of State

1. Entity Nam AMERICA	e NN TITLE SERVICES, INC.						
Principal Place of Business Mailing Address 13450 W. SUNRISE BLVD., SUITE 165 SUNRISE, FL 33323 US SUNRISE, FL 33323 US							
D	O NOT WRITE!	СE	4. FEI Numb 20-176	52128	CR2E034 (1	Applied For Not Applicable  5 Additional	
	6. Name and Address of Current Reg	etarned Amount	<b>,</b> , , , , , , , , , , , , , , , , , ,	6. Certificati	e of Status Desired		Required
SCOTT, DARREN 13450 W. SUNRISE BLVD., SUITE 165 SUNRISE, FL 33323					NOT W THIS SP	Tanàna da kaominina dia ka	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  SIGNATURE  18 Joh 2006							
FILE NOWII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.				5.00 May Be		DATE	
10.	OFFICERS AND DIR	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	KHAN, TAHIR A 11501 SW 9TH CT. PEMBROKE PINES, FL 33025	- 1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DARREN 11870 NW 53 CT. CORAL SPRINGS, FL 33076				1000000 01/24/06-5	92351 10079-013	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			DO	NOT W	RITE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this perport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TIRE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

PATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

020.248.42P 2006 CAT 81

IN THIS SPACE

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