

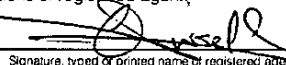
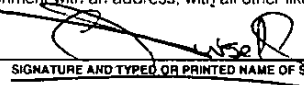


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90015 009 \*\*\*150.00

<b>DOCUMENT # P04000136363</b> 1. Entity Name <b>SPEED TITLE, INC</b>					
Principal Place of Business <b>11214 PINES BLVD SUITE 126 PEMBROKE PINES, FL 33026</b>			Mailing Address <b>11214 PINES BLVD SUITE 126 PEMBROKE PINES, FL 33026</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		05032005      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>57-1212777</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IKHIZAMAH, OLUSEYI J MR 11214 PINES BLVD SUITE 126 PEMBROKE PINES, FL 33026</b>			7. Name and Address of New Registered Agent Name <b>CARO KINSELLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11214 PINES BLVD, APT #126</b> City <b>PEMBROKE PINES</b> <b>FL</b> Zip Code <b>33026</b>		
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 accept the obligations of registered agent, SIGNATURE:  <b>CARO KINSELLA (PRESIDENT SPEEDTITLE, INC.)</b> <b>05.02.2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s-607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KINSELLA, CARO M MS 11214 PINES BLVD, SUITE 126 PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SOFOLABO, RENEE L MS 11214 PINES BLVD, SUITE 126 PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 report 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:  <b>CARO KINSELLA</b> <b>05.02.2005</b> <b>(954) 588-9692</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					