2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2005
Secretary of State

DOCUMENT# P04000152047

Entity Name: DIRECT TITLE, INC.

Current Principal Place of Business:

6862 W ATLANTIC BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6862 W ATLANTIC BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 73-1722449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, JOCELYNE
19426 BLACK OLIVE LN
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MAXWELL, JOCELYNE
Address: 19426 BLACK OLIVE LN
City-St-Zip: BOCA RATON, FL 33498

Title: DV ( ) Delete
Name: ST LOUIS, HARRY A
Address: 19426 BLACK OLIVE LN
City-St-Zip: BOCA RATON, FL 33498

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: ALEXIS, GABRIELL
Address: 1640 W OAKLAND PARK BLVD SUITE 301
City-St-Zip: FT. LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELYNE MAXWELL DP 05/24/2005

Electronic Signature of Signing Officer or Director — Date