
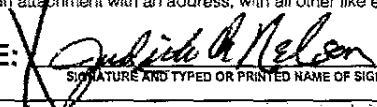


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000169359</b>		
1. Entity Name TITLE AMERICA OF PALM BEACH, INC.		
Principal Place of Business 1263 10TH STREET SUITE B LAKE PARK, FL 33403 US	Mailing Address 1263 10TH STREET SUITE B LAKE PARK, FL 33403 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SCHAFRANICK, PAUL 1263 10TH STREET SUITE B LAKE PARK, FL 33403		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	FREYMAN, DAVID	
STREET ADDRESS	140 VINTAGE ISLE LANE	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	P/S	
NAME	NELSON, JUDITH A	
STREET ADDRESS	1263 10TH STREET, SUITE B	
CITY - ST - ZIP	LAKE PARK, FL 33403	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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: 		1-25-06 877-881-7034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1238313 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1100000409009  
02/08/06-80081-018 150.00

**DO NOT WRITE  
IN THIS SPACE**