

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 047 ***150.00

DOCUMENT # P05000003040					
1. Entity Name H & T TITLE, INC.					
Principal Place of Business 1446 NW 2ND AVE SUITE 33432 BOCA RATON, FL 33432			Mailing Address 1446 NW 2ND AVE SUITE 33432 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 7601 N. Federal HWY		3. Mailing Address 2298 NW 2nd AVE			
Suite, Apt. #, etc. #215A		Suite, Apt. #, etc. Ste 20			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33487	Country	Zip 33431	Country	02142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent VARGAS, HUGO 1446 NW 2ND AVE SUITE 33432 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name: Heather Finewood Street Address (P.O. Box Number is Not Acceptable): 815 Berkeley Street City: Boca Raton FL Zip Code: 33487	
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: <i>Heather Finewood</i> <i>Heather Finewood, PR</i> 2/15/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARGAS, HUGO 671 EAGLE CIRCLE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINEWOOD, TIMOTHY 815 BERKELEY STREET BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D Heather Finewood 815 Berkeley Street Boca Raton, FL 33487			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Heather Finewood</i> <i>Heather Finewood, PR</i> 2/15/07 561-888-8820 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					