2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021528

Entity Name: COVENANT CLOSING & TITLE SERVICES, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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145 CYPRES POINT PARKWAY 145 CYPRESS POINT PARKWAY

SUITE 202 SUITE 202

PALM COAST, FL 32164 PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

P.O. BOX 350374

PALM COAST, FL 321350374

FEI Number: 65-1243221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LE TELLIER, JOHN

145 CYPRESS POINT PARKWAY

SUITE #202

PALM COAST, FL 32164 US

LE TELLIER, JOHN J

145 CYPRESS POINT PARKWAY

SUITE #202

PALM COAST, FL 32164 US

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: JOHN J. LE TELLIER 02/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DPST (X) Change () Addition Name: LE TELLIER, VICTORIA Name: LE TELLIER, VICTORIA

 Address:
 19 WOODSHIRE LANE
 Address:
 19 WOODSHIRE LANE

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:
 PALM COAST, FL 32164

Title: () Delete Title: DV () Change (X) Addition

 Name:
 Name:
 LE TELLIER, JOHN J

 Address:
 Address:
 19 WOODSHIRE LANE

 City-St-Zip:
 City-St-Zip:
 PALM COAST, FL 32164

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 STEVENSON, DALE R

 Address:
 Address:
 16 WOODFORD LN

 City-St-Zip:
 City-St-Zip:
 PALM COAST, FL 32164

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 GORDON, JÔHN D

 Address:
 Address:
 127 RYAN DR

 City-St-Zip:
 City-St-Zip:
 PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN J LE TELLIER V 02/07/2006