

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 026 ***150.00

DOCUMENT # P05000023642

1. Entity Name
EXECUTIVE TITLE GROUP, INC.



Principal Place of Business
**7041 GRAND NATIONAL DR, SUITE 130
ORLANDO, FL 32819**

Mailing Address
**7041 GRAND NATIONAL DR, SUITE 130
ORLANDO, FL 32819**

50006776



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 136

Suite, Apt. #, etc.
Suite 136

02082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-2382681

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**PERLA, HENRY L
203 E LIVINGSTON STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GRIFFIN, CAROLINE D**
STREET ADDRESS **4017 E CARDINAL PINES**
CITY-ST-ZIP **MASCOTTE, FL 34753**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NEGRON, JANET**
STREET ADDRESS **2413 MARCAITE LOOP**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MARRERO, FRANCISCO**
STREET ADDRESS **3938 CRAYRICH CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 an officer like empowered.

SIGNATURE:

Janet Negron

3-2-06 407-363-7704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #