
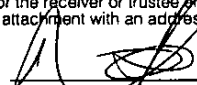


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90035 049 \*\*\*150.00

<b>DOCUMENT # P05000031257</b> 1. Entity Name <b>FORTUNE TITLE GROUP, INC.</b>					
Principal Place of Business <b>18400 S.W. 85TH COURT VILLAGE OF PALMETTO BAY, FL 33157</b>			Mailing Address <b>18400 S.W. 85TH COURT VILLAGE OF PALMETTO BAY, FL 33157</b>		
2. Principal Place of Business <b>2700 SW 37TH AVENUE</b>		3. Mailing Address <b>2700 SW 37TH AVENUE</b>			
Suite, Apt. #, etc. <b>2ND FLOOR</b>		Suite, Apt. #, etc. <b>2ND FLOOR</b>			
City & State <b>MIAMI</b>		City & State <b>MIAMI</b>			
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>	4. FEI Number <b>20-2398245</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>JACQUELINE A. SALCINES, PA 7711 S.W. 62ND AVENUE SUITE 201 MIAMI, FL 33143</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>RAMIREZ, MARIA</b> <b>18400 S.W. 85TH COURT</b> <b>PALMETTO BAY, FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, VP <b>RAMIREZ, MARIA</b> <b>2700 SW 37TH AVE, 2ND FLOOR</b> <b>MIAMI, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>RAMIREZ, MARIA</b> <b>18400 S.W. 85TH COURT</b> <b>PALMETTO BAY, FL 33157</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b>  <b>Maria Ramirez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>02/06/06</b> <small>Date</small>		<b>305-443-0098</b> <small>Daytime Phone #</small>