

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031871

FILED
May 01, 2006
Secretary of State

Entity Name: ALEXANDER PROFESSIONAL TITLE, INC.

Current Principal Place of Business:

2632 HOLLYWOOD BLVD.
SUITE 305B
HOLLYWOOD, FL 33020

Current Mailing Address:

2632 HOLLYWOOD BLVD.
SUITE 305B
HOLLYWOOD, FL 33020

New Principal Place of Business:

9822 NE 2ND AVENUE
SUITE 1
MIAMI SHORES, FL 33138

New Mailing Address:

9822 NE 2ND AVENUE
SUITE 1
MIAMI SHORES, FL 33138

FEI Number: 20-2589873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF DONNA HEARNE, P.A.
2632 HOLLYWOOD BLVD.
SUITE 305A
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

LAW OFFICE OF DONNA HEARNE, P.A.
233 N. FEDERAL HIGHWAY
SUITE 253
DANIA BEACH, FL 33004 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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABOSSIERE, JOCELYNE
Address: 2632 HOLLYWOOD BLVD., SUITE 305B
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP (X) Delete
Name: HEARNE, DONNA
Address: 2632 HOLLYWOOD BLVD, SUITE 305B
City-St-Zip: HOLLYWOOD, FL 33020

Title: T (X) Delete
Name: LABOSSIERE, JOCELYNE
Address: 2632 HOLLYWOOD BLVD, SUITE 305B
City-St-Zip: HOLLYWOOD, FL 33020

Title: S (X) Delete
Name: HEARNE, DONNA
Address: 2632 HOLLYWOOD BLVD, SUITE 305B
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HEARNE, DONNA
Address: 9822 NE 2ND AVENUE
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA HEARNE

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date