

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066556

FILED
Jan 20, 2006
Secretary of State

Entity Name: FINISH LINE TITLE PARTNERS, INC.

Current Principal Place of Business:

1025 N.W. 124TH AVENUE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

5411 UNIVERSITY DRIVE
102
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

1025 N.W. 124TH AVENUE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

5411 UNIVERSITY DRIVE
102
CORAL SPRINGS, FL 33067 US

FEI Number: 20-2796781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, SARAH B
3945 ORANGE TREE LANE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

STAFFORD, SARAH B
5411 UNIVERSITY DRIVE
101
CORAL SPRINGS, FL 33067 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: SARAH B. STAFFORD

01/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRUSHOFF, KENNETH S
Address: 1025 N.W. 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Delete
Name: STAFFORD, SARAH B
Address: 3945 ORANGE TREE LANE
City-St-Zip: WESTON, FL 33332 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O () Change (X) Addition
Name: GUICE-GRUSHOFF, KIMBERLE
Address: 1025 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: O () Change (X) Addition
Name: GUICE, CONSTANCE R
Address: 11911 WINGED FOOT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

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: SARAH B. STAFFORD

VP

01/20/2006

Electronic Signature of Signing Officer or Director

Date