


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90034 023 ***158.75

DOCUMENT # P05000066880 1. Entity Name BEAU TITLE, INC.	
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Principal Place of Business 400 ROYAL PALM WAY SUITE 410 PALM BEACH, FL 33480	Mailing Address 400 ROYAL PALM WAY SUITE 410 PALM BEACH, FL 33480
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2. Principal Place of Business 400 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 204 City & State PALM BEACH, FL Zip 33480 Country USA	3. Mailing Address 400 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 204 City & State PALM BEACH, FL Zip 33480 Country USA
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40900328



01042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2914939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RABIDEAU, GUY 400 ROYAL PALM WAY SUITE 410 PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name GUY RABIDEAU Street Address (P.O. Box Number is Not Acceptable) 400 ROYAL PALM WAY, SUITE 204 City PALM BEACH FL Zip Code 33480
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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 Guy Rabideau DATE 1/4/2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS RABIDEAU, GUY 400 ROYAL PALM WAY SUITE 410 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS RABIDEAU, GUY 400 ROYAL PALM WAY, SUITE 204 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABIDEAU, GUY 400 ROYAL PALM WAY SUITE 410 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABIDEAU, GUY 400 ROYAL PALM WAY, SUITE 204 PALM BEACH, FL 33480 <input checked="" 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
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
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.

SIGNATURE: Guy Rabideau DATE 1/4/2006 DAYTIME PHONE # 561-655-6221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR