
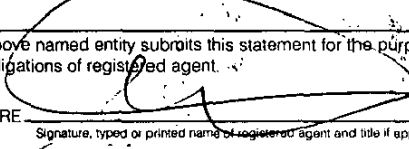
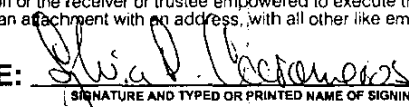


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90020 040 ***150.00

DOCUMENT # P05000118742					
1. Entity Name FIRST GUARANTY TITLE & ESCROW COMPANY					
Principal Place of Business 3962 W. EAU GALLIE BLVD STE A MELBOURNE, FL 32934			Mailing Address 3962 W. EAU GALLIE BLVD STE A MELBOURNE, FL 32934		
2. Principal Place of Business - No P.O. Box # 3962 W. EAU GALLIE BLVD		3. Mailing Address 3962 W. EAU GALLIE BLVD			
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A		01162007 Chg-P CR2E034 (12/06)	
City & State Melbourne FL		City & State Melbourne, FL		4. FEI Number 56-2530771	
Zip Country 32934 USA		Zip Country 32934 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNETT, CHARLES B 6050 SOUTH VERDE TR SUITE 405 BOCA RATON, FL 33433			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:  <u>Charles B. Burnett</u> 4-10-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARAMEROS, SYLVIA P 6565 N.W. 113TH WAY PARKLAND, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres./Director SYLVIA P. CARAMEROS 3411 Gattling Dr. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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:  <u>SYLVIA P. CARAMEROS</u> 4-10-07 321-253-5666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					