


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90068 015 \*\*\*150.00

<b>DOCUMENT # P05000139793</b>		
1. Entity Name <b>COMMONWEALTH SECURE TITLE COMPANY</b>		

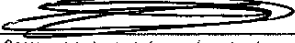
Principal Place of Business <b>580 CAPE COD LANE SUITE 1 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>580 CAPE COD LANE SUITE 1 ALTAMONTE SPRINGS, FL 32714</b>
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2. Principal Place of Business - No P.O. Box # <b>3505 LAKE LYNDY DR Suite, Apt. #, etc. SUITE 114-B</b>	3. Mailing Address <b>3505 LAKE LYNDY DR Suite, Apt. #, etc. SUITE 114-B</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32817</b>	Country <b>USA</b>




05022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PINEDA, JONATHAN A 958 CROSS CUT WAY LONGWOOD, FL 32750</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>458 GRANITE CIRCLE CHULUDTA FL 32716</b>	
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:  <b>JONATHAN A. PINEDA</b> DATE: <b>5.2.07</b>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PINEDA, JONATHAN A PO BOX 520179 LONGWOOD, FL 32752</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3505 LAKE LYNDY DR SUITE 114 B ORLANDO FL 32817</b>
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
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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.	
SIGNATURE:  <b>JONATHAN A. PINEDA</b> DATE: <b>5.2.07</b>	