

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156440

Entity Name: RAINTREE TITLE, INC.

FILED  
Apr 15, 2006  
Secretary of State

## Current Principal Place of Business:

4915 RATTLESNAKE HAMMOCK ROAD, STE 145  
NAPLES, FL 34113

## New Principal Place of Business:

2641 AIRPORT RD S  
UNIT A103  
NAPLES, FL 34112

## Current Mailing Address:

4915 RATTLESNAKE HAMMOCK ROAD, STE 145  
NAPLES, FL 34113

## New Mailing Address:

2641 AIRPORT RD S  
UNIT A103  
NAPLES, FL 34112

FEI Number: 14-1942355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESSARY, MELANIE A  
18565 ROYAL HAMMOCK BLVD  
NAPLES, FL 34114 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: ESSARY, MELANIE A  
Address: 4915 RATTLESNAKE HAMMOCK ROAD, STE 145  
City-St-Zip: NAPLES, FL 34113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: ESSARY, MELANIE A  
Address: 2641 AIRPORT RD S  
City-St-Zip: NAPLES, FL 34112

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: MELANIE A ESSARY

P

04/15/2006

Electronic Signature of Signing Officer or Director

Date