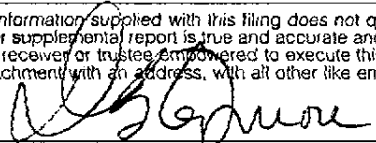


2006 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000051066 1. Entity Name I NEED A TAG & TITLE, INC.					
Principal Place of Business 400 E. DR. MARTIN LUTHER KING BLVD. SUITE 101 TAMPA FL 33603			Mailing Address 400 E. DR. MARTIN LUTHER KING BLVD. SUITE 101 TAMPA FL 33603		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3195963	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, DEBORA B 400 E. DR. MARTIN LUTHER KING BLVD. SUITE 101 TAMPA FL 33603				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when re-appointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D	☐ Delete	TITLE	U00000440051	☐ Change ☐ Add
NAME	GILMORE, DEBORA B		NAME	03/03/06 00004-016 150.00	
STREET ADDRESS	2402 N. TAMPANIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2-14-06 (813) 239-221**