


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000048793	
1. Entity Name NOVA TITLE COMPANY	

Principal Place of Business 1401 UNIVERSITY DR. STE 402 CORAL SPRINGS, FL 33071 US	Mailing Address 1401 UNIVERSITY DR. STE 402 CORAL SPRINGS, FL 33071 US
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0508507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUME, JOHN 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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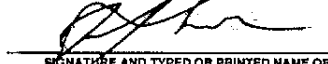
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HUME, JOHN 1401 UNIVERSITY DR. #301 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JOHNSON, HENRY W 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EZRATTI, MAYA 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EZRATTI, ROSA 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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01/19/05-80072-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	John Hume, President	1/13/05	954-755-9889
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>