

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067659

Entity Name: TITLE SOLUTIONS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

5620 TARA BLVD
SUITE 101
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

5620 TARA BLVD
SUITE 101
BRADENTON, FL 34203 US

New Mailing Address:

FEI Number: 65-0517908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUFFINO, MICHAEL T
5620 TARA BLVD
SUITE 101
BRADENTON, FL 34203 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: P () Delete
Name: RUFFINO, MICHAEL T
Address: 2901 LITTLE COUNTRY ROAD
City-St-Zip: PARRISH, FL 34219 US

Title: VP () Delete
Name: MAYBERRY, RONALD
Address: 4004 128TH STREET W #903
City-St-Zip: CORTEZ, FL 34215

Title: S () Delete
Name: RUFFINO, GERALDINE
Address: 2901 LITTLE COUNTRY ROAD
City-St-Zip: PARRISH, FL 34219

Title: T () Delete
Name: MAYBERRY, LADONNE
Address: 4004 128TH STREET W #903
City-St-Zip: CORTEZ, FL 34215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LADONNE P MAYBERRY

T

04/27/2005

Electronic Signature of Signing Officer or Director

Date