2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000088711

1. Entity Name
TITLE GUARANTY AND TRUST COMPANY, INC.



Mailing Address

Principal Place of Business 900 S. FEDERAL HIGHWAY

SUITE 100

STUART, FL 34994

SUITE 100 STUART, FL 34994

900 S. FEDERAL HIGHWAY

FILED Jan 31, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 01252006

4. FEI Number 65-0613434

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name | and | Address | of | Current | Reg | jistered | Agen |
|----|------|-----|---------|----|---------|-----|----------|------|
| | | | | | | | | |

KING, W., LEE JR.

DO NOT WRITE

| SUITE 100 STUART, I | | : | 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_ | Signature, typed or printed name of registered agent and title | il applicable. (NOTE: Registered | d Agent signature | required when reinstating) | DATE | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KING, MEMINO. LEE JR 900 S. FEDERAL HIGHWAY, SUITE 1 STUART, FL 34994 | 00 | 000000407664 02/08/06-80025-020 150:00 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT WRITE | | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | - | | | | | | |
| 12. I hereby of indicated of the concept | certify that the information supplied with this fill on this report or supplemental report is true apportation or the receiver or tristee ampowers or on an attachment with all addless, with all | illing does not qualify for the extend accurate and that my signal does not be secuted this report as required to the relike empowered. | emptions co ture shall ha red by Chap | ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut | Florida Statutes. I further certify that the information oct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if | | | | | | |

1/26/06