


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90355 049 ***150.00

DOCUMENT # P95000032899				
1. Entity Name COAST TITLE INSURANCE AGENCY, INC.				
Principal Place of Business 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164 US		Mailing Address 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent MCDERMOTT, SANDRA M 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL Zip Code
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 reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT, SANDRA M		NAME	
STREET ADDRESS	15 CYPRESS BRANCH WAY SUITE 203		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZZOLI, NICOLE R		NAME	
STREET ADDRESS	15 CYPRESS BRANCH WAY SUITE 203		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DONALD T JR.		NAME	
STREET ADDRESS	15 CYPRESS BRANCH WAY, STE 203		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, JUDITH L		NAME	
STREET ADDRESS	15 CYPRESS BRANCH WAY, STE 203		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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: _____		Nicole R. Gazzoli		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-19-06 Daytime Phone # 386-445-2100		

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03232006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3315917 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required