

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000007027

1. Entity Name  
WORLD TITLE COMPANY



Principal Place of Business  
9050 PINES BLVD.  
SUITE 250  
PEMBROKE PINES, FL 33024 US

Mailing Address  
9050 PINES BLVD.  
SUITE 250  
PEMBROKE PINES, FL 33024 US

2. Principal Place of Business  
2761 Executive Park Dr.  
Suite, Apt. #, etc.  
City & State  
Weston, FL  
Zip 33331 Country USA Zip 33331 Country US

3. Mailing Address  
2761 Executive Park Dr.

4. FEI Number  
65-0640611

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
KLINER, JONATHAN  
9050 PINES BLVD.  
SUITE 354  
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2761 Executive Park Dr.

City Weston FL Zip Code 33331

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 *Jonathan Kline* DATE *1-5-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, JONATHAN		
STREET ADDRESS	9050 PINES BLVD, SUITE 250		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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: *1-5-05 954-888-4446*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40000472



01042005 Chg-P CR2E034 (10/03)