

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000039671



1. Entity Name
EXPRESS TITLE MANAGEMENT, INC.

Principal Place of Business
2418 N MONROE ST
STE 200
TALLAHASSEE, FL 32303 US

Mailing Address
P.O. BOX 37446
TALLAHASSEE, FL 32315 US

2. Principal Place of Business

N/A

3. Mailing Address

c/o Ken Abele

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. 391

City & State

City & State
Tallahassee, FL

4. FEI Number
59-3383754

Applied For
Not Applicable

Zip

Zip

32312

Country

Leon

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWAN, BONNIE
8017 ARCHER CIR
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Jenkins Bonnie

Street Address (P.O. Box Number is Not Acceptable)
4059 Swift Way

City Tall

FL Zip Code 32311

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2000077166062
07/10/06-01003--002 **150.00

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

2000077166062
07/10/06-01003--003 **400.00

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVI, STEVEN C 1061 LAKE WELLBROOK ATHENS, GA 30606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROWAN, BONNIE 8017 ARCHER CIR TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bonnie Jenkins 4059 Swift Way Tall, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Eckel JUN 16 2006

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/06

850-528-1806

Date

Daytime Phone #