## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P96000068417 05-01-2006 90457 015 \*\*\*150.00 HB TITLE OF FLORIDA, INC. Mailing Address Principal Place of Business 60031912 5100 W. COPANS ROAD 5100 W. COPANS ROAD SUITE 600 SUITE 600 MARGATE, FL 33063 MARGATE, FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02172006 Chg-P Applied For City & State City & State 4. FEI Number 65-0687751 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BINNIE, HARRY Street Address (P.O. Box Number is Not Acceptable) 5100 W. COPANS ROAD SUITE 600 MARGATE, FL 33063 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PDS Addition □ Detete TITLE ☐ Change HARRY BINNIE NAME NAME STREET ADDRESS 6821 N. GRANDE DR. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TOTE 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 of the analysis 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 trusted emody. One 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 of the difference of the corporation of

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**