
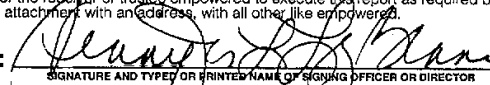


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**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000082623</b>		
1. Entity Name PROFESSIONAL TITLE & CLOSING SERVICES, INC.		
Principal Place of Business 3210 N WICKHAM RD SUITE 2 MELBOURNE, FL 32935 US		Mailing Address 3210 N WICKHAM RD SUITE 2 MELBOURNE, FL 32935 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		03142005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3457789
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
LEBLANC, JENNIFER L 3210 N WICKHAM RD SUITE 2 MELBOURNE, FL 32935		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/PR LEBLANC, J 3210 N. WICKHAM RD., #2 MELBOURNE, FL 32905	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 empowerment.		
SIGNATURE: 		3/15/2005 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(321) 255-5451
<b>JENNIFER L. LeBLANC</b>		