2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023812

Name:

Address:

City-St-Zip:

Entity Name: LAND TITLE OF AMERICA, INC

FILED Mar 06, 2006 Secretary of State

_market in the second		TEE OF AMERICA, IIVO.					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	IIGHWAY 1 S STINE, FL 32	OUTH 20867150 US					
Current M	ailing Addre	ss:	New Maili	New Mailing Address:			
	IIGHWAY 1 S STINE, FL 32	OUTH 20867150 US					
FEI Number:	59-3436537	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 4	KO KINGS ROAE VILLE, FL 32						
The above in the State	named entity of Florida.	submits this statement for th	e purpose of changing i	ts registere	ed office or registered agent, or both,		
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	Agent		Date		
Election Can	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COLLINS, STE 3700 US HIGH) Delete EPHEN B WAY 1 SOUTH TINE, FL 320867150	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	COLLINS, J. F 3700 US HIGH) Delete :USSELL WAY 1 SOUTH TINE, FL 320867150	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	COLLINS, STA 3700 US HIGH) Delete NLEY B WAY 1 SOUTH TINE, FL 320867150	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	() Delete	Title:	D	() Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

COLLINS, BERTHA L

3700 US HIGHWAY 1 SOUTH

SAINT AUGUSTINE, FL 320867150

SIGNATURE: J. RUSSELL COLLINS STD 03/06/2006