
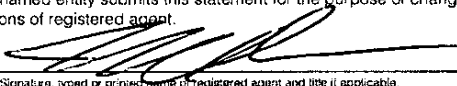


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90014 035 ***550.00

DOCUMENT # P97000066421 1. Entity Name HOME TITLE, INC.					
Principal Place of Business 1301 N. CONGRESS AVENUE SUITE 210 BOYNTON BEACH, FL 33426 US			Mailing Address 1301 N. CONGRESS AVENUE SUITE 210 BOYNTON BEACH, FL 33426 US		
2. Principal Place of Business 7593 Boynton Bch. Blvd.		3. Mailing Address 7593 Boynton Bch. Blvd.			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210			
City & State Boynton Beach, Florida		City & State Boynton Beach, Florida			
Zip 33437	Country USA	Zip 33437	Country USA	4. FEI Number 65-0789769	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERMAN, MITCHELL A 1301 N. CONGRESS AVENUE SUITE 210 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name Mitchell A. Sherman Street Address (P.O. Box Number is Not Acceptable) 7593 Boynton Beach Blvd. Suite Suite 210 City Boynton Beach FL Zip Code 33437		
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</small>			DATE 3/16/05 <small>(NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHERMAN, MITCHELL A 1301 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sherman, Mitchell A. 7593 Boynton Beach Blvd., Suite 210 Boynton Beach, Florida 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEIBMANN, ARLENE 1301 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leibmann, Arlene 7593 Boynton Beach Blvd., Suite 210 Boynton Beach, Florida 33437		
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		
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 empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/16/05 (561) Daytime Phone # 738-1202		