

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 28, 2006 8:00 am  
Secretary of State**

04-28-2006 90161 015 \*\*\*150.00

DOCUMENT # P99000099776			
1. Entity Name HOMELIFE TITLE, INC.			
Principal Place of Business 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		Mailing Address 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  FOX, LANNING 1100 S. FEDERAL HIGHWAY STUART, FL 34994			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DP DOSS, ARDEN JR. 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVPC MOTTRAM DOSS, RENEE 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ST ROWE, RHONDA S 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Renee M. Doss</i>		4/26/06 972-692-7800 Signature and TYPED or PRINTED NAME of SIGNING OFFICER or DIRECTOR Date Daytime Phone #	