


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90037 035 \*\*\*158.75

<b>DOCUMENT # S21548</b>	
1. Entity Name <b>TAMPA TITLE SERVICE, INC.</b>	

Principal Place of Business <b>418 SOUTH BROAD STREET BROOKSVILLE, FL 34601 US</b>	Mailing Address <b>P.O. BOX 249 BROOKSVILLE, FL 34605 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3053418</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BORRIELLO, SUSAN 418 SOUTH BROAD STREET BROOKSVILLE, FL 34601</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 \_\_\_\_\_ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN **	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORRIELLO, SUSAN 418 South Broad Street Brooksville, Florida 33601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>note address change for SUSAN Boerillo</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, DAWN M 418 SOUTH BROAD STREET BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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
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 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, without other like empowerment.

**SIGNATURE:**  **1/5/06** **352-799-5599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40000466

# 521548

**TAMPA TITLE SERVICE  
418 SOUTH BROAD STREET  
BROOKSVILLE, FLORIDA 34601  
PHONE 352-799-5599 352-799-5512  
FAX 352-799-2206**

**Fax transmittal**

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To: STATE OF Florida From: SUSAN DAWN

Name Re: TAMPA TITLE Date Sent: 1 15 12006  
SERVICE

Number of Pages       

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**Message**

*please note the extra  
money enclosed for  
the status certificate! Thank you*

*Here is a change of address  
for the President in section #10*

**Thank you, for doing business with us.  
Tampa Title Service**



*President*