2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116147

City-St-Zip: DEERFIELD BEACH, FL 33441 US

Entity Name: MASON TITLE COMPANY, INC.

FILED Jan 05, 2007 Secretary of State

| Current Principal F | Place of Business: | New Principal Place of Business: |
|---|-------------------------------------|--|
| 1499 W PALMETTC BOCA RATON, FL | PARK ROAD SUITE 178 33486 US | 1499 W PALMETTO PARK ROAD SUITE 320 BOCA RATON, FL 33486 US |
| Current Mailing Address: | | New Mailing Address: |
| 1499 W PALMETTC BOCA RATON, FL | PARK ROAD SUITE 178 33486 US | 1499 W PALMETTO PARK ROAD SUITE 320 BOCA RATON, FL 33486 US |
| FEI Number: 20-031656 | 5 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () |
| Name and Address | of Current Registered Agent: | Name and Address of New Registered Agent: |
| ICE, CAROL MASOI 1499 W PALMETTC BOCA RATON, FL | PARK ROAD SUITE 320 | |
| The above named e in the State of Florid | | ne purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | | |
| Ele | ctronic Signature of Registered | Agent Date |
| Election Campaign Fina | ancing Trust Fund Contribution (). | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |
| Title: D Name: ICE, CAR Address: 1524 SE | ()Delete OL M 12TH STREET | Title: () Change () Addition Name: Address: |

City-St-Zip:

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.

SIGNATURE: CAROL MASON ICE D 01/05/2007