

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015009

Entity Name: 1ST TRUST TITLE, INC.

FILED  
Jan 31, 2011  
Secretary of State

**Current Principal Place of Business:**

7320 GRIFFIN ROAD, SUITE 109  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

7320 GRIFFIN ROAD, SUITE 109  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 65-0648757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KALIS, NEAL R  
7320 GRIFFIN ROAD, SUITE 109  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KALIS, NEAL R  
Address: 7320 GRIFFIN ROAD, SUITE 109  
City-St-Zip: DAVIE, FL 33314 US

Title: V  
Name: KLEIMAN, M SCOTT  
Address: 7320 GRIFFIN RD, 109  
City-St-Zip: DAVIE, FL 33314 US

Title: V  
Name: FOHR, KIMBERLEY P  
Address: 7320 GRIFFIN RD STE 109  
City-St-Zip: DAVIE, FL 33314 US

I hereby 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 all other like empowered.

SIGNATURE: NEAL R KALIS

DPST

01/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date