


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90064 014 ***150.00

DOCUMENT # P97000084559

1. Entity Name
ADVANTAGE TITLE, INC.



Principal Place of Business 9732 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	Mailing Address 9732 W. SAMPLE ROAD CORAL SPRINGS, FL 33065
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40112000



2. Principal Place of Business - No P.O. Box # 9734 W. Sample Rd. Suite, Apt. #, etc.	3. Mailing Address 9734 W. Sample Rd. Suite, Apt. #, etc.
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08052008 Chg-P CR2E034 (12/06)

City & State Coral Springs, Fl.	City & State Coral Springs, Fl.
Zip 33065	Country USA

4. FEI Number 65-0793976	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

DIAMOND, BARRY A
9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT ROLNICK, HERBERT H 9734 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DIAMOND, BARRY A 9728 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHERMAN, BETTY 9732 W SAMPLE RD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	vp Sherman, Betty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9734 W. Sample Rd., Coral Springs, Fl. 33065
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"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Betty Sherman Date: 8/5/08 954 3448988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

BETTY SHERMAN