

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 07, 2007  
Secretary of State**

DOCUMENT# 524660

Entity Name: TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.

**Current Principal Place of Business:**

500 VIRGINIA AVE., SUITE 200  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

500 VIRGINIA AVE.  
SUITE 200  
FT. PIERCE, FL 34982

**Current Mailing Address:**

500 VIRGINIA AVE., SUITE 200  
FT. PIERCE, FL 34982

**New Mailing Address:**

500 VIRGINIA AVE.  
SUITE 200  
FT. PIERCE, FL 34982

FEI Number: 59-1718704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FEE, FRANK H III  
401 A S. INDIAN RIVER DRIVE  
FT. PIERCE, FL 34950      US

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

FEE, FRANK H III  
500 VIRGINIA AVE.  
SUITE 200  
FT. PIERCE, FL 34982 US

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

06/07/2007

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FEE, FRANK H III  
Address: 401A S. INDIAN RV. DR.  
City-St-Zip: FT. PIERCE FL,

Title: VST ( ) Delete  
Name: FEE, LEVAN N  
Address: 2821 S. INDIAN RIVER DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: V ( ) Delete  
Name: BOLTON, LISA L  
Address: 401 SOUTH INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: V ( ) Delete  
Name: MOORE, CONNIE S  
Address: 401 SOUTH INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FEE, FRANK H III  
Address: 500 VIRGINIA AVE., SUITE 200  
City-St-Zip: FT. PIERCE, FL 34982 US

Title: VST (X) Change ( ) Addition  
Name: FEE, LEVAN N  
Address: 2821 S. INDIAN RIVER DR  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: V (X) Change ( ) Addition  
Name: LOUNDS, WENDY  
Address: 500 VIRGINIA AVE., SUITE 200  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: V (X) Change ( ) Addition  
Name: MOORE, CONNIE S  
Address: 500 VIRGINIA AVE., SUITE 200  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: AV ( ) Change (X) Addition  
Name: DAILEY, NANCYE J  
Address: 500 VIRGINIA AVE., SUITE 200  
City-St-Zip: FORT PIERCE, FL 34982 US

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE S. MOORE

Electronic Signature of Signing Officer or Director

V

06/07/2007

Date