2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 689392

Entity Name: THE CLOSING TABLE, INC.

Current Principal Place of Business:

2170 W STATE ROAD 434
302
LONGWOOD, FL 32779 US

New Principal Place of Business:

2170 W STATE ROAD 434
152
LONGWOOD, FL 32779 US

Current Mailing Address:

2170 W STATE ROAD 434
302
LONGWOOD, FL 32779 US

New Mailing Address:

2170 W STATE ROAD 434
152
LONGWOOD, FL 32779 US

FEI Number: 59-2423919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KATHRYN L
2170 W S.R. 434
302
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

SMITH, KATHRYN L
2170 W S.R. 434
152
LONGWOOD, FL 32779 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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: SMITH, KATHRYN L
Address: 2170 W STATE ROAD 434, SUITE 302
City-St-Zip: LONGWOOD, FL 32779 US

Title: VSTD ( ) Delete
Name: FURMAN, SUSAN T
Address: 2645 EXECUTIVE PARK DRIVE, SUITE 143
City-St-Zip: WESTON, FL 33331 US

Title: CEO ( ) Delete
Name: FURMAN, HOWARD M
Address: 2645 EXECUTIVE PARK DRIVE, SUITE 143
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: SMITH, KATHRYN L
Address: 2170 W STATE ROAD 434, SUITE 152
City-St-Zip: LONGWOOD, FL 32779 US

Title: VSTD (X) Change ( ) Addition
Name: FURMAN, SUSAN T
Address: 12595 NW 67TH DRIVE
City-St-Zip: PARKLAND, FL 33076 US

Title: CEO (X) Change ( ) Addition
Name: FURMAN, HOWARD M
Address: 12595 NW 67TH DRIVE
City-St-Zip: PARKLAND, FL 33076 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: KATHRYN L SMITH P 04/30/2009
Electronic Signature of Signing Officer or Director — Date