2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006456

Title:

Entity Name: EQUITY NATIONAL TITLE & CLOSING SERVICES, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 401 WAMPANOAG TRAIL, STE 300 401 WAMPANOAG TRAIL, SUITE 300 EAST PROVIDENCE, RI 02915 EAST PROVIDENCE, RI 02915 **Current Mailing Address: New Mailing Address:** 401 WAMPANOAG TRAIL, STE 300 401 WAMPANOAG TRAIL, SUITE 300 EAST PROVIDENCE, RI 02915 EAST PROVIDENCE, RI 02915 FEI Number: 05-0448169 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition O'DONNELL, JAMES K O'DONNELL, JAMES K Name: Name: 401 WAMPANOAG TRAIL, STE 300 401 WAMPANOAG TRAIL, SUITE 300 Address: Address: City-St-Zip: EAST PROVIDENCE, RI 02915 City-St-Zip: EAST PROVIDENCE, RI 02915 Title: Title: () Delete (X) Change () Addition ROY. DEANNA M Name: ROY, DEANNA M Name: 401 WAMPANOAG TRAIL, STE 300 401 WAMPANOAG TRAIL, SUITE 300 Address: Address: EAST PROVIDENCE, RI 02915 EAST PROVIDENCE, RI 02915 City-St-Zip: City-St-Zip:

> Title: (X) Change () Addition () Delete

BARBER, ROBERT BARBER, ROBERT Name: Name:

401 WAMPANOAG TRAIL, STE 300 401 WAMPANOAG TRAIL, SUITE 300 Address: Address: City-St-Zip: EAST PROVIDENCE, RI 02915 City-St-Zip: EAST PROVIDENCE, RI 02915

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: DEANNA ROY SEC 01/16/2008