

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004888

FILED
Jan 03, 2008
Secretary of State

Entity Name: NATIONS TITLE AGENCY OF GEORGIA, INC.

Current Principal Place of Business:

125 TOWNPARK DR NW
#200
KENNESAW, GA 301445804

New Principal Place of Business:

2 RAVINA DR
#1640
ATLANTA, GA 30346

Current Mailing Address:

5870 W 95TH ST
PRAIRIE VILLAGE, KS 662073204

New Mailing Address:

5370 W 95TH ST
PRAIRIE VILLAGE, KS 662073204

FEI Number: 58-2593480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
#4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LARSON, RANDY L
Address: 200 W 22ND T #201
City-St-Zip: LOMBARD, IL 301445804

Title: VCVP (X) Delete
Name: RILEY, MICHAEL J
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: TD () Delete
Name: RILEY, MICHAEL J
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: VCVP () Delete
Name: BLOMQUIST, HIRAM E
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: SD (X) Delete
Name: BLOMQUIST, HIRAM E
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: LARSON, RANDY L
Address: 200 W 22ND ST #201
City-St-Zip: LOMBARD, IL 301445804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TDVP (X) Change () Addition
Name: RILEY, MICHAEL J
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: SDVP (X) Change () Addition
Name: BLOMQUIST, HIRAM E
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HIRAM E. BLOMQUIST

SDVP

01/03/2008

Electronic Signature of Signing Officer or Director

Date