2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# F08000000349

Entity Name: FORTIS TITLE SOLUTIONS CORPORATION

Current Principal Place of Business:

600 ANTON BLVD., 11TH FLOOR
COSTA MESA, CA 92626

New Principal Place of Business:

10253 ARABIAN AVE.
FLORAL CITY, FL 34436

Current Mailing Address:

600 ANTON BLVD., 11TH FLOOR
COSTA MESA, CA 92626

New Mailing Address:

10253 ARABIAN AVE.
FLORAL CITY, FL 34436

FEI Number: 26-1607785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARINO, JOAN
10253 ARABIAN AVENUE
FLORAL CITY, FL 34436 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 (X).

OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete
Name: FERRIS, PAUL A
Address: 600 ANTON BLVD., 11TH FLOOR
City-St-Zip: COSTA MESA, CA 92626

Title: V (X) Delete
Name: HOWERTON, RUSSELL
Address: 600 ANTON BLVD., 11TH FLOOR
City-St-Zip: COSTA MESA, CA 92626

Title: S (X) Delete
Name: CROMER, MICHELE
Address: 600 ANTON BLVD., 11TH FLOOR
City-St-Zip: COSTA MESA, CA 92626

Title: T ( ) Delete
Name: NGUYEN, LAN
Address: 600 ANTON BLVD., 11TH FLOOR
City-St-Zip: COSTA MESA, CA 92626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change ( ) Addition
Name: FARINO, JOAN
Address: 10253 ARABIAN AVE
City-St-Zip: FLORAL CITY, FL 34436

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

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

Title: S (X) Change ( ) Addition
Name: NGUYEN, LAN
Address: 10253 ARABIAN AVE
City-St-Zip: FLORAL CITY, FL 34436

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: JOAN FARINO CDP 03/05/2009

Electronic Signature of Signing Officer or Director — Date