

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000000349

FILED
Mar 12, 2009
Secretary of State**Entity Name:** FORTIS TITLE SOLUTIONS CORPORATION**Current Principal Place of Business:**10253 ARABIAN AVE.
FLORAL CITY, FL 34436**New Principal Place of Business:****Current Mailing Address:**10253 ARABIAN AVE.
FLORAL CITY, FL 34436**New Mailing Address:****FEI Number:** 26-1607785**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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**OFFICERS AND DIRECTORS:****Title:** CDP () Delete
Name: FARINO, JOAN
Address: 10253 ARABIAN AVE
City-St-Zip: FLORAL CITY, FL 34436**Title:** S () Delete
Name: NGUYEN, LAN
Address: 10253 ARABIAN AVE
City-St-Zip: FLORAL CITY, FL 34436**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: FARINO, JOAN
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

03/12/2009

Electronic Signature of Signing Officer or Director_____
Date