2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F67215

Address:

City-St-Zip:

604 COURTLAND ST., SUITE 100

ORLANDO, FL 32804

Entity Name: INTERVAL TITLE SERVICES INC

FILED May 05, 2008 Secretary of State

That I was the selections, into					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	TLAND STRE , FL 32804	ET, SUITE #100 US	604 COURTLAND STR SUITE #330	,	
			ORLANDO, FL 32804	US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
604 COURTLAND STREET, SUITE #100 ORLANDO, FL 32804 US			604 COURTLAND STR SUITE #330 ORLANDO, FL 32804		
FEI Number:	59-2164059	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
STADELMAN, H. JAMES ESQ 810 JUANITA RAEL WINTER PARK, FL 32789 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.				
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STADELMAN, I	ND STREET, SUITE 100	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	H JAMES STAE	ND ST., SUITE 100	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	CD () STADELMAN, H	Delete I. JAMES	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DIANE STADELMAN VP 05/05/2008