2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

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|--|---|--|--|--|---|
| 1. Entity Nam | MENT # G31726 TE TITLE SERVICES, INC. | | | | Secretary of Sta |
| 28821 US 1 | e of Business 9 N R, FL 33761 | Mailing Address 28821 US 19 N CLEARWATER, FL 33761 | | | 88 1118 11811 18818 18818 8111 81818 81811 81811 81811 81811 81811 81811 81811 81811 81811 8181 |
| E | O NOT WRITE | | CE | 04212008 No Chg-P CR2E034 (11/05) 4. FEI Number | |
| 6. Name and Address of Current Registered Agent RATSEK, JOANNE M. 28821 US HWY 19 N CLEARWATER, FL 33761 8. The above named entity submits this statement for the purpose of changing its registered. | | | DO NOT WRITE IN THIS SPACE ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent and title if applicable Trust Fund Contribution | | | | | DATE |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP | OFFICERS AND DII PD RATSEK, JOANNE M 28821 US HWY 19 N CLEARWATER, FL 33761 | | ☐ Ád | | Thososoparass |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | OLEMWATEN, FE 33701 | | | DO | 05/13/08-80098-001 150.00 NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · | | IN | THIS SPACE |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

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