2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06948

Entity Name: COMMERCIAL TITLE SERVICES, INC.

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

800 20TH PLACE

SUITE 5

VERO BEACH, FL 32960 US

Current Mailing Address: New Mailing Address:

800 20TH PLACE 800 20TH PLACE

SUITE 1 SUITE 5

VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US

FEI Number: 59-2413313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWAN, PAMELA VTD

800 20TH PLACE

800 20TH PLACE

SUITE 1 SUITE 5

VERO BEACH, FL 32960 US VERO BEACH, FL 32960 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.

SIGNATURE: PAMELA SWAN 02/07/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HAGEN, LINDA PD
 Name:
 HAGEN, LINDA PD

 Address:
 800 20TH PLACE, SUITE 1
 Address:
 800 20TH PLACE, SUITE 5

 City-St-Zip:
 VERO BEACH, FL 32960 US
 City-St-Zip:
 VERO BEACH, FL 32960 US

Title: VTD () Delete Title: VTSD (X) Change () Addition

 Name:
 SWAN, PAMELA VTD
 Name:
 SWAN, PAMELA VTSD

 Address:
 800 20TH PLACE, SUITE 1
 Address:
 800 20TH PLACE, SUITE 5

 City-St-Zip:
 VERO BEACH, FL 32909 US
 City-St-Zip:
 VERO BEACH, FL 32960 US

Title: VSD (X) Delete Title: () Change () Addition

 Name:
 OWEN, LINDA VSD
 Name:

 Address:
 800 20TH PLACE, SUITE 5
 Address:

 City-St-Zip:
 VERO BEACH, FL 32960 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA SWAN VTSD 02/07/2007