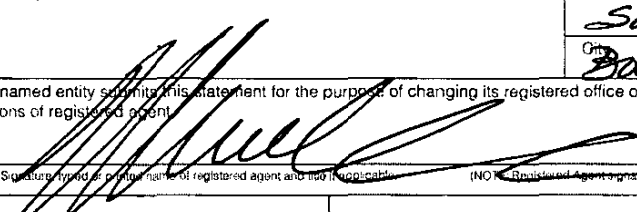
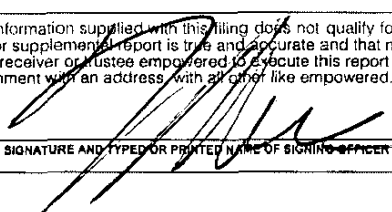


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 011 ***150.00

DOCUMENT # H73556 1. Entity Name TITLE GUARANTY OF SOUTH FLORIDA, INC.					
Principal Place of Business 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431 US			Mailing Address 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 2499 GLADES RD		3. Mailing Address 2499 GLADES RD			
Suite, Apt. #, etc. SUITE 313		Suite, Apt. #, etc. SUITE 313			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33432		Country USA		Zip 33432	
Country USA		Country USA			
6. Name and Address of Current Registered Agent BOOKSTEIN, MERRILL A P.A. 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent MERRILL A. BOOKSTEIN 2499 GLADES RD. SUITE 313 BOCA RATON FL 33432	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 1/31/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOKSTEIN, MARK R 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2499 GLADES RD, SUITE 313 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOKSTEIN, MERRILL A 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2499 GLADES RD, SUITE 313 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOOKSTEIN, KELLY 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2499 GLADES RD, SUITE 313 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date: 1/31/08 Daytime Phone: 561-361-9454		