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	Mailing Address
2385 EXECUITVE CENTER DR STE 100 BOCA RATON, FL 33431 US	2385 EXECUITVE CENTER DR STE 100 BOCA RATON, FL 33431

01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2499 GLADES RD	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

4. FEI Number: 59-2570065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOOKSTEIN, MERRILL A P.A. ~~2385 EXECUITVE CENTER DR STE 100~~ ~~BOCA RATON~~, ~~FL 33~~431	Name: MERRILL A. BOOKSTEIN Street Address (P.O. Box Number is Not Acceptable): 2499 GLADES RD. SUITE 313 City: BOCA RATON FL Zip Code: 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: _____ 1/31/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 EXECUITVE CENTER DR STE 100~~ ~~BOCA RATON, FL 33431~~	☐ Delete	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 EXECUITVE CENTER DR STE 100~~ ~~BOCA RATON, FL 33431~~	☐ Delete	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 EXECUITVE CENTER DR STE 100~~ ~~BOCA RATON, FL 33431~~	☐ Delete	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
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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: _____ 1/31/08 561-361-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #