2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

| 1. Entity Name | MENT # H93554 AL LAND TITLE, INC. | | | 01-31- | 2008 90028 045 ***150.00 | | |
|--|---|--|--------------------------------------|---|--|--|--|
| Principal Place | of Business | Mailing Address | | - | | | |
| 1555 PALM BEACH LAKES BLVD. STE. 500 WEST PALM BEACH, FL 33401 | | 1555 PALM BEACH LAKES BLVD. Ste. 500 West Palm Beach, Fl. 33401 US | | | | | |
| | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01282008 Chg-P | CR2E034 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 59-2630287 | Applied For Not Applicable | | |
| Zìp | Country | Zip | Country | 5. Certificate of Status De | sired Sa.75 Additional Fee Required | | |
| | 6. Name and Address of Currer | nt Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| CT CORPO | RATION SYSTEM | | Name | | | | |
| C/O CT COF | RPORATION SYSTEM | Street Address | | is (P.O. Box Number is Not Acc | eplable) | | |
| | H PINE ISLAND RD. ON, FL 33324 | | | | | | |
| | | | City | | FL Zip Code | | |
| | amed entity submits this statement ns of registered agent. | for the purpose of changing its | s registered office or regis | stered agent, or both, in the Stat | e of Florida. I am familiar with, and accept | | |
| | gnature, typed or printed naine of registered age | ent and title if applicable. (NO | TE. Registered Agerit signature requ | aired when reinstating) | DATE | | |
| | NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550 | 9. Election Campa Trust Fund Con | | 55.00 May Be dded to Fees | | | |

| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaig Trust Fund Contr | | \$5.00 May Be Added to Fees | | | | |
|---------------------------------------|--|---|---|--|-----------|------------|--|--|
| 10. | OFFICERS AND DIRECTORS | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WAGMAN, STEPHEN 4000 HOLLYWOOD BLVD, STE 500N HOLLYWOOD, FL 33021 | X i Delete | IIILE NAME SIREEI ADDRESS CHY-ST-ZIP | | ☐ Change | ☐ Addilion | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BEROWITZ, PAUL 4000 HOLLYWOOD BLVD. STE. 500N HOLLYWOOD, FL 33021 | $\stackrel{K}{\Sigma}$ Delete | NAME SIREET ADDRESS CITY-ST ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD DEVENDORF, RUSSELL 4000 HOLLYWOOD LVD STE500 WEST PALM BEACH, FL 33401 | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | VP, T, S, D Devendorf, Russell 4000 Hollywood Blyd. Sui Hollywood, FL 33021 | ∑t Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | P GLASS, MICHAEL 1555 PAL BEACH LAES BLVD, STE.50 WEST PALM BEACH, FL 33401 | Delete | TITLE NAME STREET ADDRESS CITY - ST- ZIP | P, D Glass, Michael 1555 Palm Beach Lakes Bl West Palm Beach, FL 3340 | X Change | Addition | | |
| NAME STREET ADDRESS CHY-S1-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CHY-ST-ZIP | EVP, D Tommy McAden 4000 Hollywood Blvd., Su Hollywood, FL 33021 | ☐ Change | X Addition | | |
| NAME STREET ADDRESS CHY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | | |

12. Thereby certify that the information supplied with this filling 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:

Michael State of Signing Officer or Director Date Date