## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J42937

Entity Name: AFFILIATED TITLE CO.

FILED Jun 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5909 S UNIVERSITY DR. DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

5909 S UNIVERSITY DR. DAVIE, FL 33328

FEI Number: 59-2740654 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:

STERN, WILLIAM B MARY SCHMIDT
5909 S UNIVERSITY DR
DAVIE, FL 33328 US MARY SCHMIDT
5909 S UNIVERSITY DR
DAVIE, FL 33328 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: MARY SCHMIDT 06/11/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 STERN, WILLIAM
 Name:
 SCHMIDT, MARY

 Address:
 5909 S UNIVERSITY DR
 Address:
 5909 S UNIVERSITY DR

 City-St-Zip:
 FORT LAUDERDALE, FL 33328
 City-St-Zip:
 FORT LAUDERDALE, FL 33328

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HESS, DANIEL
 Name:

 Address:
 5909 S UNIVERSITY DR
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33328
 City-St-Zip:

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

Name: Name: HESS, DANIEL

 Name.
 FESS, DANIEL

 Address:
 Address:
 5909 S UNIVERSITY DRIVE

 City-St-Zip:
 City-St-Zip:
 FORT LAUDERDALE, FL 33328

I hereby certify that the information supplied with this filing does not qualify 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: MARY SCHMIDT PD 06/11/2007