2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K01186

Entity Name: ADAMS TITLE, INC.

FILED Sep 25, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4620 LIPSCOMB ST., NE 96 WILLARD STREET

SUITE 3 UNIT 3

PALM BAY, FL 32905 US COCOA, FL 32922 U

Current Mailing Address: New Mailing Address:

4620 LIPSCOMB ST., NE 96 WILLARD STREET

SUITE 3 UNIT 3

PALM BAY, FL 32905 US COCOA, FL 32922 US

FEI Number: 80-0003873 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:

BRADY, MARK H
4620 LIPSCOMB ST., NE
SUITE 3
PALM BAY, FL 32905 US
BRADY, MARK H
96 WILLARD STREET
UNIT 3
COCOA, FL 32922 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: MARK H. BRADY 09/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BRADY, MARK Name: BRADY, MARK H

Address: 4620 LIPSCOMB ST NE., SUITE 3 Address: 96 WILLARD STREET, UNIT 103

City-St-Zip: PALM BAY, FL 32905 City-St-Zip: COCOA, FL 32922

Name: MARY FRANCES, MADARIS Name: ZEMAN, DEBORAH E

Address: 4620 LIPSCOMB ST NE., SUITE 3 Address: 96 WILLARD STREET, UNIT 103

City-St-Zip: PALM BAY, FL 32905 City-St-Zip: COCOA, FL 32922

Name: Name: BRADY, MARK H

Address: 96 WILLARD STREET, UNIT 103

City-St-Zip: City-St-Zip: COCOA, FL 32922

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: MARK H. BRADY P 09/25/2008