

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57955

FILED
Jan 22, 2007
Secretary of State

Entity Name: EXECUTIVE TITLE INSURANCE SERVICES, INC.

Current Principal Place of Business:

4109 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 US

New Principal Place of Business:

4049 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 US

Current Mailing Address:

4109 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 US

New Mailing Address:

4049 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 US

FEI Number: 65-0093460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, LENORA A
4109 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

NOONAN, GINA P
4049 DEL PRADO BLVD
CAPE CORAL, FL 33904 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: GINA P NOONAN

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: YANKOWSKI, RICHARD S
Address: 4109 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: VSTD () Delete
Name: ROBERTSON, LENORA A
Address: 4109 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Delete
Name: RACKAY, MARK J
Address: 4109 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: KLOOTWYK, NACOLE
Address: 4109 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: YANKOWSKI, RICHARD S
Address: 4049 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Change () Addition
Name: NOONAN, GINA P
Address: 4049 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KLOOTWYK, NACOLE
Address: 4049 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: GINA P. NOONAN

VP

01/22/2007

Electronic Signature of Signing Officer or Director

Date