2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # L17975 EXPRESS TITLE GROUP, INC. Principal Place of Business Mailing Address 17701 BISCAYNE BLVD SUITE 200 17701 BISCAYNE BLVD SUITE 200 AVENTURA, FL 33160 AVENTURA, FL 33160 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FFI Number 65-0191246 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PESETSKY & ZACK, P.A. DO NOT WRITE 17701 BISCAYNE BLVD SUITE 200 AVENTURA, FL 33160 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZACK, ELLIOTT NOEL NAME STREET ADDRESS 17701 BISCAYNE BLVD SUITE 200 N.MIAMI BEACH, FL CITY - ST - ZIP TITLE BLYNN, MICHAEL R. NAME 17701 BISCAYNE BLVD SUITE 200 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. BLYNN

FILED