
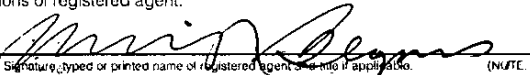
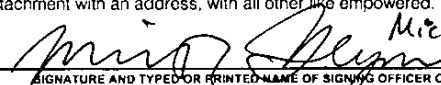


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90062 031 \*\*\*150.00

<b>DOCUMENT # L17975</b> 1. Entity Name <b>EXPRESS TITLE GROUP, INC.</b>					
Principal Place of Business <b>15516 BISCAYNE BLVD</b> <b>NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>15516 BISCAYNE BLVD</b> <b>NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business - No P.O. Box # <b>11900 Biscayne Blvd.</b>		3. Mailing Address <b>11900 Biscayne Blvd.</b>			
Suite, Apt. #, etc. <b>Ste. 269</b>		Suite, Apt. #, etc. <b>Ste. 269</b>			
City & State <b>North Miami, FL</b>		City & State <b>North Miami, FL</b>		4. FEI Number <b>65-0191246</b>	
Zip <b>33181</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLYNN, MICHAEL R</b> <b>15516 BISCAYNE BLVD</b> <b>NORTH MIAMI BEACH, FL 33160</b>				7. Name and Address of New Registered Agent Name <b>BLYNN, MICHAEL R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11900 Biscayne Blvd., Ste. 269</b> City <b>North Miami, FL</b> Zip Code <b>33181</b>	
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:  <b>President Michael R. Blynn</b> <b>7/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BLYNN, MICHAEL R.</b> <b>15516 BISCAYNE BLVD</b> <b>NORTH MIAMI BEACH, FL 33160</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BLYNN, MICHAEL R.</b> <b>11900 Biscayne Blvd., Ste. 269</b> <b>North Miami, FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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:  <b>Michael R. Blynn</b> <b>7/15/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>305-895-6053</b> <small>Date Daytime Phone #</small>		