2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N07000000926

Entity Name: MUTUAL TITLE & TRUST CORPORATION

Current Principal Place of Business:

16191 NW 57TH AVENUE
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

16191 NW 57TH AVENUE
MIAMI, FL 33014

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREATIVE ASSET PROTECTION STRATEGIES, INC.
16191 NW 57TH AVENUE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: SOUTHWELL, DAVID W
Address: 16191 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33014

Title: D/S ( ) Delete
Name: SOUTHWELL, SUSAN W
Address: 16191 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33014

Title: D/T ( ) Delete
Name: KARAMCHAND, JAWAHAR
Address: 16191 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: BRIGGS, ROBERT S
Address: 13519 VOSE STREET
City-St-Zip: VAN NUYS, CA 91405

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SOUTHWELL D/P 04/18/2008

Electronic Signature of Signing Officer or Director — Date