2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040126

Entity Name: K.E.L. TITLE INSURANCE AGENCY, INC.

FILED Mar 27, 2009 Secretary of State

151 WYMORE RD. STE. 7000 151 WYMORE RD. STE. 2100 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

151 WYMORE RD. STE. 7000 151 WYMORE RD. STE. 2100 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3712272 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:

KAUFMAN, JEFFREY S
151 WYMORE RD. STE. 7000
ALTAMONTE SPRINGS, FL 32714
US

KAUFMAN, JEFFREY S
151 WYMORE RD. STE. 2100
ALTAMONTE SPRINGS, FL 32714
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: 03/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 KAUFMAN, JEFFREY S

 Address:
 151 WYMORE RD. STE. 7000

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714

 Title:
 D
 () Delete

 Name:
 ENGLETT, MATTHEW S

 Address:
 151 WYMORE RD. STE. 7000

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714

Title: D () Delete Name: LYND, CRAIG R.

Address: 151 WYMORE RD. STE. 7000 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KAUFMAN, JEFFREY S
Address: 151 WYMORE RD. STE. 2100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition

Name: ENGLETT, MATTHEW S
Address: 151 WYMORE RD. STE. 2100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition

Name: LYND, CRAIG R.

Address: 151 WYMORE RD. STE. 2100 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MATTHEW ENGLET D 03/27/2009