

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000119990

**FILED**  
**May 13, 2009**  
**Secretary of State****Entity Name:** HBI TITLE COMPANY**Current Principal Place of Business:**3942 W EAU GALLIE BLVD  
MELBOURNE, FL 32934 US**New Principal Place of Business:**1801 PENN ST.  
SUITE 1-A  
MELBOURNE, FL 32901 US**Current Mailing Address:**1801 PENN ST  
SUITE 1-A  
MELBOURNE, FL 32901 US**New Mailing Address:**1801 PENN ST.  
SUITE 1-A  
MELBOURNE, FL 32901 US**FEI Number:** 01-0555401**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHELPMAN, KIM  
1801 PENN ST SUITE 1-A  
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**BARTLEY, MARCIA  
1801 PENN ST SUITE 1-A  
MELBOURNE, FL 32901 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:** MARCIA BARTLEY

05/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** FADIL, RICHARD  
**Address:** 1801 PENN ST SUITE 1-A  
**City-St-Zip:** MELBOURNE, FL 32901 US**Title:** S ( ) Delete  
**Name:** PETROSKE, REBECCA  
**Address:** 3942 W EAU GALLIE BLVD  
**City-St-Zip:** MELBOURNE, FL 32934**Title:** PD ( ) Delete  
**Name:** BARTLEY, MARCIA  
**Address:** 3942 W EAU GALLIE BLVD  
**City-St-Zip:** MELBOURNE, FL 32934**Title:** D (X) Delete  
**Name:** SHELPMAN, KIM  
**Address:** 1801 PENN ST SUITE 1-A  
**City-St-Zip:** MELBOURNE, FL 32901 US**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:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** RICHARD FADIL

D

05/13/2009

Electronic Signature of Signing Officer or Director

Date