2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2007 08:00 AN Secretary of State

ANNUAL REPORT					Jul 19, 2007 08:00			
DOCUMENT # P0200005678 1. Entity Name TRUST TITLE SERVICES, INC.						Secreta	ry of Sta	
200 S.E. 181	re of Business TH COURT RDALE, FL 33316	Mailing Address 200 S.E. 18TH COURT FORT LAUDERDALE, FL 33316	5	**************************************				
D	O NOT WRITE	IN THIS SPA	CE	07102007 4. FEI Numb 03-040	No Chg-P	CR2E034 (II (BBB1 1899BB) 11 1889	
200 S.E. 1	6. Name and Address of Current Re S, EDWARD J ESQ. 8TH COURT JDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and	inas President	ed office or registe. Agent signature requires		th, in the State of Fl	orida. I am familio	ar with, and accept	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. IITLE NAME STREET ADDRESS CITY-SI-ZIP HILE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DI D JENNINGS, EDWARD J 200 S.E. 18TH COURT FORT LAUDERDALE, FL 33316	RECTORS			Hagang 07/19/07)769460 -80002-00	1 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT W			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE								
11100	i e e e e e e e e e e e e e e e e e e e		E					

12. Thereby certify that the information supplied with this filling 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: _

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

7-11-07 954-764-4330