2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018326

City-St-Zip:

JACKSONVILLE, FL 32225

Entity Name: UNITED AMERICAN TITLE IN

FILED Jan 31, 2007 Secretary of State

Entity Name: UNITED AMERICAN TITLE, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3674 BEAG SUITE 3 JACKSON	CH BLVD. IVILLE, FL 32	207			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3674 BEAG SUITE 1 A JACKSON		207			
FEI Number	: 04-3603592	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BRIZENDINE, JUDITH G 1249 SOARING FLIGHT WAY JACKSONVILLE, FL 32225 US				COLE, CHARLES E 1387 PINK PANTHER DR. JACKSONVILLE, FL 32225 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CHARLES E. COLE				01/31/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COLE, LUCIN	NTHER DRIVE	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	COLE, LUCIN	NTHER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	BRIZENDINE,	() Delete JUDITH G G ELIGHT WAY	Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: LUCINDA M. COLE P 01/31/2007