2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000086813

1. Entity Name
BONITA TITLE, INC.



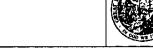
FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

rincipal Place of Business

8800 TERRENE COURT SUITE 105

BONITA SPRINGS, FL 34135



Mailing Address

8800 TERRENE COURT

SUITE 105

BONITA SPRINGS, FL 34135



04202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2527367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTENDSEN, ANDREW G 8800 TERRENE COURT SUITE 105 BONITA SPRINGS, FL 34135

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE			Agent signature required when reinstating) DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000720742 05/01/07-80119-015 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOOLE, TIMOTHY D 8800 TERRENE CT., SUITE 105 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORTENSEN, ANDREW G 8800 TERRENE CT., SUITE 105 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEANGELIS, JOHN M 8800 TERRENE CT., SUITE 105 BONITA SPRINGS, FL 34135		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZiP	D DIAMOND, DAVID B 8800 TERRENE CT., SUITE 105 BONITA SPRINGS, FL 34135		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					:

12. Thereby certify that the information supplied with this filing 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

ANDREW G. MORTENSEN

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 234-948-2109

Date

Daytime Phone #