

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098064

FILED
Jan 08, 2007
Secretary of State

Entity Name: AVALON TITLE, INC.

Current Principal Place of Business:

621 CAPE CORAL PKWY EAST SUITE 19
CAPE CORAL, FL 33904

New Principal Place of Business:

6810 SHOPPES AT PLANTATION DR
SUITE 5
FORT MYERS, FL 33912

Current Mailing Address:

621 CAPE CORAL PKWY EAST SUITE 19
CAPE CORAL, FL 33904

New Mailing Address:

6810 SHOPPES AT PLANTATION DR
STE 5
FORT MYERS, FL 33912

FEI Number: 02-0642019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTRELL, WARCHOL, MERCHAND, BUCKLEY & POH
1633 SE 47TH TER
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COYNE, LINDA S
Address: 621 CAPE CORAL PKWY EAST SUITE 19
City-St-Zip: CAPE CORAL, FL 33904

Title: DVS () Delete
Name: PETITHOMME, YVES
Address: 621 CAPE CORAL PKWY EAST SUITE 19
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: COYNE, LINDA S
Address: 6810 SHOPPES AT PLANTATION DR STE 5
City-St-Zip: FORT MYERS, FL 33912

Title: DVS (X) Change () Addition
Name: PETITHOMME, YVES
Address: 6810 SHOPPES AT PLANTATION DR STE 5
City-St-Zip: FORT MYERS, FL 33912

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.

SIGNATURE: LINDA S COYNE

PRES

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date