2008 FOR PROFIT CORPORATION

Apr 02, 2008 08:00 All Secretary of State ANNUAL REPORT **DOCUMENT # P02000098885** 1. Entity Name COCO TITLE COMPANY Principal Place of Business Mailing Address 2300 PALM BEACH LAKES BLVD. 2300 PALM BEACH LAKES BLVD. SUITE 305 SUITE 305 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 CR2E034 (11/05) 03312008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0053487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYCHUK, PATRICIA L DO NOT WRITE 8628 PLUM CAY WEST PALM BEACH, FL 33411 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS EITI F NAME BOYCHUK, PATRICIA L STREET ADDRESS 8628 PLUM CAY CITY-ST-ZIP WEST PALM BEACH, FL 33411 U00000877969 TITLE 04/14/08-80034-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 gustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receichanged, or on an attachme

SIGNATURE:

CITY ST-ZIP TITLE NAME STREET ADDRESS

FILED