2004 FOR PROFIT CORPORATION

FILED Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P02000105896 1. Entity Name 04-26-2004 90992 047 ***158.75 ATA TITLE AGENCY, INC. Principal Place of Business Mailing Address 2300 PALM BEACH LAKES BLVD. 2300 PALM BEACH LAKES BLVD. SUITE 304 WEST PALM BEACH FL 33409 SUITE 304 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 11-3681935 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Candace-Majewski O'NEILL, THOMAS Street Address (P.O. Box Number is Not Acceptable) 19808 8940 Place North 100 PARADISE HARBOUR **UNIT 302** NORTH PALM BEACH:FL 33408 City oxphatchee 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Addition TITLE O'NEILL, THOMAS NAME NAME 419 US HIGHWAY 1 #111 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition MACALUSO, LOUIS J NAME NAME 135 ROCK ROAD WEST 5 ST. JOHN STREET STREET ADDRESS STREET ADDRESS LITTLE FERRY NJ 07643 CITY-ST-ZIP CITY-ST-7IP GRAON BROOK NJ 0705 TITLE ☐ Delete TITLE Change Addition NAME CHIANETTA, PHILIP, A. NAME STREET ADDRESS STREET ADDRESS 149 5TH STREET CITY-ST-ZIP CITY-ST-ZIP RIDGEFIELD PARK NJ TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

. 47° SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

Daytime Phone #