


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P02000120271 1. Entity Name THE CLOSING CONNECTION TITLE AND ESCROW, INC. |  |
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| Principal Place of Business 7890 PETERS ROAD G-109 PLANTATION, FL 33324 | Mailing Address 7890 PETERS ROAD G-109 PLANTATION, FL 33324 |
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01302008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 54-2082613 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent HERMAN, BRUCE ESQ. 1401 EAST BROWARD BOULEVARD SUITE 206 FORT LAUDERDALE, FL 33301 |
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**DO NOT WRITE
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000929307 02/26/08-80034-018 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PASCAL, LOIS L 7890 PETERS ROAD G-109 PLANTATION, FL 33324 |
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12. I hereby 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08 954-727-9013
Date Daytime Phone #