2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P02000125283

Entity Name: TITLE INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

15715 S DIXIE HWY SUITE 407
PALMETTO BAY, FL 33157

New Principal Place of Business:

15715 S DIXIE HWY SUITE 406-B
PALMETTO BAY, FL 33157

Current Mailing Address:

15715 S DIXIE HWY SUITE 407
PALMETTO BAY, FL 33157

New Mailing Address:

15715 S DIXIE HWY SUITE 406-B
PALMETTO BAY, FL 33157

FEI Number: 41-2068568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, LESLIE
16720 SW 86 CT
VILLAGE OF PALMETTO BAY, FL 33157 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: PRES ( ) Delete
Name: RODRIGUEZ, LESLIE
Address: 16720 SW 86 CT
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE RODRIGUEZ PST 04/25/2007

Electronic Signature of Signing Officer or Director — Date