2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# P03000002253

Entity Name: A & A TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6242 GALL BLVD
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

37515 CLINTON AVENUE
DADE CITY, FL 33525 59

Current Mailing Address:

6242 GALL BLVD.
ZEPHYRHILLS, FL 33542

New Mailing Address:

37515 CLINTON AVENUE
DADE CITY, FL 33525 59

FEI Number: 01-0760855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKINS, PAUL T JR
6242 GALL BLVD.
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

AKINS, PAUL T JR
37515 CLINTON AVENUE
DADE CITY, FL 33525 US

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: PAUL T. AKINS., ,JR. 03/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: AKINS, PAUL T JR
Address: 6242 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DP ( ) Delete
Name: AKINS, SHEREE' P
Address: 6242 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: S (X) Delete
Name: SINE, MARYANN K
Address: 6242 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: T (X) Delete
Name: JANES, LINDSEY B
Address: 6242 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: AKINS, PAUL T JR
Address: 37515 CLINTON AVE
City-St-Zip: DADE CITY, FK 33525 US

Title: DP (X) Change ( ) Addition
Name: AKINS, SHEREE' P
Address: 37515 CLINTON AVE
City-St-Zip: DADE CITY, FL 33525 US

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

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: PAUL T. AKINS,. JR DV 03/14/2008
Electronic Signature of Signing Officer or Director Date