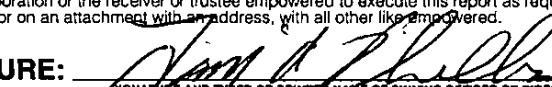


**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

1200000000

<b>DOCUMENT # P03000020577</b>		04-28-2005 90218 046 ***150.00	
1. Entity Name <b>OPTIMUM TITLE INSURANCE, INC.</b>			
Principal Place of Business <b>1900 WEST COMMERCIAL BLVD. SUITE 148 FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>1900 WEST COMMERCIAL BLVD. SUITE 148 FORT LAUDERDALE, FL 33309</b>	
2. Principal Place of Business <b>4001 S University Drive Suite, Apt. #, etc. 102</b>		3. Mailing Address <b>Same</b>	
City & State <b>Davie, FL</b>		City & State <b>Same</b>	
Zip <b>33328</b>		Country <b>USA</b>	
4. FEI Number <b>90-0008373</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PHILLIPS, TAMI A P.A. 1900 WEST COMMERCIAL BLVD. SUITE 148 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent <b>have office of Tami A. Phillips, PA 4001 S University Drive, Ste 102 Davie, FL 33328</b>	
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 		DATE <b>4/25/05</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVTS PHILLIPS, TAMI A 1900 WEST COMMERCIAL BLVD. SUITE 148 FORT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVTS Phillips, Tami 4001 S University Drive, Ste 102 Fort Lauderdale, FL 33328</b>	
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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.			
SIGNATURE: 		Date <b>4/25/05</b>	