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Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020577

1. Entity Name
OPTIMUM TITLE INSURANCE, INC.

400236O1

02282006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
4001 S. UNIVERSITY DRIVE SUITE 102 DAVIE, FL 33328	4001 S. UNIVERSITY DRIVE SUITE 102 DAVIE, FL 33328

2. Principal Place of Business	3. Mailing Address
4801 S University Dr	4801 S University Dr
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State Davie, FL	City & State Davie, FL
Zip 33328 Country	Zip 33328 Country

4. FEI Number 90-0008373 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPS, TAMI' A P.A. 4801 S UNIVERSITY DRIVE SUITE 102 DAVIE, FL 33328	Name PhillipsMathis, LLC Street Address (P.O. Box Number is Not Acceptable) 4801 S University Drive, Suite 102 City Davie FL Zip Code 33328

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] 2/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PVTS PHILLIPS, TAMI' A 4801 S. UNIVERSITY DRIVE, SUITE 102 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2/28/06 954 252 5118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #