2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 A Secretary of State **DOCUMENT # P03000039608** 1. Entity Name PREFERRED TITLE SERVICES OF AMERICA, INC. Principal Place of Business Mailing Address 16451 NE 6TH AVE 16451 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 03052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 86-1056524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLUECK, STEVEN J DO NOT WRITE 16451 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 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 (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE GLUECK, STEVEN J NAME 16451 NE 6TH AVE STREET ADDRESS U00000852502 CITY-ST-ZIP MIAMI, FL 33162 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 his 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 adules. With all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

FILED