2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041954

PALM COAST, FL 32137

City-St-Zip:

Entity Name: AAA TITLE INSURANCE & CLOSING SERVICES, INC.

FILED Apr 29, 2009 Secretary of State

| Current P | rincipal Place | e of Business: | New Principal Pla | New Principal Place of Business: | |
|--|---------------------|--|---|--|--|
| 4488 N OCEANSHORE BLVD PALM COAST, FL 32137 | | | 138 PALM COAST #310 | 138 PALM COAST PKWY, NE #310 | |
| | | | PALM COAST, FL | 32137 | |
| Current M | lailing Addres | ss: | New Mailing Add | New Mailing Address: | |
| 4488 N OCEANSHORE BLVD | | | 138 PALM COAST | 138 PALM COAST PKWY, NE | |
| NE BOX 310 PALM COAST, FL 32137 | | | #310 PALM COAST, FL | #310 PALM COAST, FL 32137 | |
| FEI Number | : 73-1686555 | FEI Number Applied For () | FEI Number Not Applicable (| Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Addres | Name and Address of New Registered Agent: | |
| 4 SE BRO OCALA, F | ADŴAY L 34471 US | | ne purpose of changing its regist | ered office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | nic Signature of Registered | Agent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | O'REILLY, LÂV | AST PKWY, NE, BOX 310 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | O'REILLY, LÂV |) Delete VRENCE P AST PKWY, NE BOX 310 | Title: Name: Address: | () Change () Addition | |

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: LAWRENCE P. O'REILLY DPT 04/29/2009