2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112454

Entity Name: BUY OWNER TITLE, INC.

ECKERT, PATRICIA A

1192 E NEWPORT CENTER DRIVE #200

DEERFIELD BEACH, FL 33442

Name:

Address:

City-St-Zip:

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1192 E NEWPORT CENTER DRIVE STE 200 DEERFIELD BEACH, FL 33442 **Current Mailing Address: New Mailing Address:** 1192 E NEWPORT CENTER DRIVE STE 200 DEERFIELD BEACH, FL 33442 FEI Number: 90-0128695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ECKERT, CHARLES S 1192 E NEWPORT CENTER DRIVE STE 200 DEERFIELD BEACH, FL 33442 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ECKERT, SCOTT A Name: Name: 1192 E NEWPORT CENTER DRIVE #200 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: () Delete Title: **VPS** Title: () Change () Addition ECKERT, CHARLES S Name: Name: 1192 E NEWPORT CENTER DRIVE #200 Address: Address: DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip: Title: Title: AS () Delete () Change () Addition ECKERT, SIBYL M Name: Name: 1192 E NEWPORT CENTER DRIVE #200 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT A ECKERT PRES 01/07/2008