
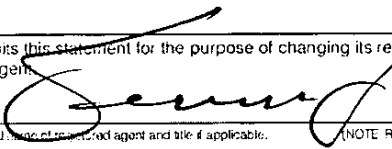
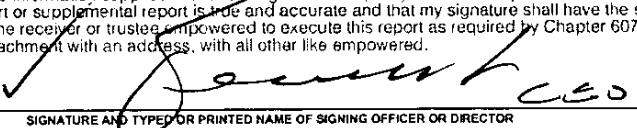


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90027 017 ***150.00

DOCUMENT # P03000123053 1. Entity Name FLORIDA'S TITLE ON DEMAND, INC					
Principal Place of Business 9495 SUNSET DRIVE SUITE B-285 MIAMI, FL 33173			Mailing Address 9495 SUNSET DRIVE SUITE B-285 MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # 9580 SW 107 AVE		3. Mailing Address 6800 SW 40 ST			
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. # 308			
City & State MIAMI FLA.		City & State MIAMI FLA		4. FEI Number 20-0645102	
Zip 33176		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE, DENNIS P.A. 9495 SUNSET DRIVE SUITE B-285 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name DENNIS ROSE Street Address (P.O. Box Number is Not Acceptable) 9580 SW 107 AVE STE 204 City MIAMI FL Zip Code 33176			
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: 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ROSE, G. DENNIS 9495 SUNSET DRIVE #B-285 MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTES, RHESA 9495 SUNSET DRIVE #B-285 MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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:  4/25/08 305.588.8828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					