2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012072

Entity Name: SOUTH POINTE DRIVE TITLE INSURANCE CORP.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O ALAN J. MARCUS 20803 BISCAYNE BLVD 20803 BISCAYNE BLVD. SUITE 301 SUITE 301

AVENUTRA, FL 33180 AVENTURA, FL 33180 US

Current Mailing Address: New Mailing Address:

C/O ALAN J. MARCUS 20803 BISCAYNE BLVD 20803 BISCAYNE BLVD. SUITE 301 SUITE 301

AVENUTRA, FL 33180 AVENTURA, FL 33180 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARCUS, ALAN J ESQ. 20803 BIŚCAYNE BOULEVARD, SUITE 301 AVENTURA, FL 33180

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MARCUS, ALAN J MARCUS, ALAN J Name: Name:

C/O ALAN J. MARCUS Address: 20803 BISCAYNE BLVD, SUITE 301 Address:

City-St-Zip: AVENUTRA, FL 33180 City-St-Zip: AVENTURA, FL 33180

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: ALAN J. MARCUS, ESQ. 01/14/2009 D