2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM DOCUMENT # P04000042457 **Secretary of State** FIRST INTERNET TITLE CORPORATION Principal Place of Business Mailing Address 2154 DOLSON WAY DELRAY BCH FL 33445 2154 DORSON WAY DELRAY BCH FL 33445 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc CR2E034 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 52-2443208 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANENBUM, ROBERT S 2154 DORSÓN WAY Stroot Address (P.O. Box Number is Not Acceptable) DELRAY BCH FL 33445 Zip Codo City 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 . .. 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000619807 Change IIILE Delete IIIŒ TANENBUM, ROBERT S NAME NAME 02/09/07-80011-018 150.00 2154 DORSON WAY STREET ADDRESS STREET ADDRESS DELRAY BCH FL 33445 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change HIRE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CDY-SI-7IP CITY-ST-ZIP ☐ Delete MILE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HH Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Deleie TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CHY-SI-ZIP

Robert S. JANONDAM

1/31/2007 561-274-867