

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000062936

FILED
Dec 20, 2007
Secretary of State**Entity Name:** ASSURED TITLE AGENCY, INC.**Current Principal Place of Business:**5833 U.S. HIGHWAY 19
SUITE #1
NEW PORT RICHEY, FL 34652 US**Current Mailing Address:**12353 ROSELAND DRIVE
NEW PORT RICHEY, FL 34654 US**New Principal Place of Business:**5833 U.S. HIGHWAY 19
SUITE #3
NEW PORT RICHEY, FL 34652 US**New Mailing Address:**5833 U.S. HIGHWAY 19
SUITE # 3
NEW PORT RICHEY, FL 34652 US**FEI Number:** 20-1029441**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WODSTRCHILL, DANIEL L
12353 ROSELAND DRIVE
NEW PORT RICHEY, FL 34654 US**Name and Address of New Registered Agent:**WODSTRCHILL, MICHAEL D
7331 CANVASBACK DR
NEW PORT RICHEY, FL 34654 US

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: MICHAEL D. WODSTRCHILL

12/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WODSTRCHILL, DANIEL L
Address: 12353 ROSELAND DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VP () Delete
Name: WODSTRCHILL, PATRICIA A
Address: 12353 ROSELAND DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WODSTRCHILL, MICHAEL D
Address: 7331 CANVASBACK DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: DVS (X) Change () Addition
Name: KELLY, DEBRA A
Address: 5537 WELLFIELD DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: MICHAEL D. WODSTRCHILL

DPT

12/20/2007

Electronic Signature of Signing Officer or Director

Date