

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062936

Entity Name: ASSURED TITLE AGENCY, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

5833 U.S. HIGHWAY 19
SUITE #3
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5833 U.S. HIGHWAY 19
SUITE # 3
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

New Mailing Address:

12353 ROSELAND DRIVE
NEW PORT RICHEY, FL 34654 US

FEI Number: 20-1029441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WODSTRCHILL, MICHAEL D
7331 CANVASBACK DR
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

WODSTRCHILL, DANIEL L
12353 ROSELAND DRIVE
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: DANIEL L. WODSTRCHILL

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WODSTRCHILL, DANIEL L
Address: 12353 ROSELAND DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: DVS (X) Change () Addition
Name: WODSTRCHILL, MICHAEL D
Address: 5833 US HWY 19 SUITE 3
City-St-Zip: NEW PORT RICHEY, FL 34652 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: DANIEL L. WODSTRCHILL

DPT

04/21/2008

Electronic Signature of Signing Officer or Director

Date