2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083646

Entity Name: TITLE SOLUTIONS CLOSING SERVICES, INC.

FILED Mar 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5189 MARINER BLVD SPRING HILL, FL 34609				4131 MARINER BLVD SPRING HILL, FL 34609		
Current Mailing Address:				New Mailing Address:		
5189 MARINER BLVD SPRING HILL, FL 34609				4131 MARINER BLVD SPRING HILL, FL 34609		
FEI Number:	34-1997166	FEI Number Applied For()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	lew Registered Agent:
SPIEGEL 8 1840 SW 2 4TH FLOO MIAMI, FL	R	Α.				
The above in the State		submits this statement for the po	urpose of	changing it	ts registered o	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	nt			Date
Election Cam	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DIR () SUDNIK, DANIE 18916 BASCOI HUDSON, FL 3	VIB LANE		Title: Name: Address: City-St-Zip:	PRES (X) SUDNIK, DANIE 18916 BASCOM HUDSON, FL 3	/IB LANE
Title: Name: Address: City-St-Zip:	DIR () FINGERMAN, V 18728 BASCOI HUDSON, FL 3	VIB LANE		Title: Name: Address: City-St-Zip:	VP (X) FINGERMAN, V 18728 BASCON HUDSON, FL 3	//B LANE
Title: Name: Address: City-St-Zip:	MGR () LAMP, AMALIA 5189 MARINER SPRING HILL,	RBLVD		Title: Name: Address: City-St-Zip:	MGR (X) LAMP, AMALIA 4131 MARINER SPRING HILL, I	
Title: Name: Address: City-St-Zip:	TRES () BARKER, DEB 18916 BASCOI HUDSON, FL 3	VIB LANE		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	SEC () FINGERMAN, O 18728 BASCOI HUDSON, FL 3	VIB LANE		Title: Name: Address: City-St-Zip:	()	Change () Addition

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 P SUDNIK PRES 03/22/2008