2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083646

FILED Jun 16, 2009 Secretary of State

Entity Name: TITLE SOLUTIONS CLOSING SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
4131 MARINER BLVD SPRING HILL, FL 34609						
Current Mailing Address:				New Mailing Address:		
4131 MARINER BLVD SPRING HILL, FL 34609				4117 MARINER BLVD SPRING HILL, FL 34609		
FEI Number:	34-1997166	FEI Number Applied For () FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US				VYACHESLAV, FINGERMAN 4119 MARINER BLVD SPRING HILL, FL 34609 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: VYACHESLAV FINGERMAN				06/16/2009		
Electronic Signature of Registered Agent				Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES SUDNIK, DAI 18916 BASC HUDSON, FL	OMB LANE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR LAMP, AMAL 4131 MARIN SPRING HIL	ER BLVD	Title: Name: Address: City-St-Zip:	LEONARD, K 4117 MARINE	ER BLVD	
Title: Name: Address: City-St-Zip:	TRES BARKER, DE 18916 BASC HUDSON, FL	OMB LANE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	SEC	(X) Delete	Title:	(() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VYACHESLAV FINGERMAN VΡ 06/16/2009

FINGERMAN, CRISTINA

18728 BASCOMB LANE

HUDSON, FL 34667

Name:

Address:

City-St-Zip: