2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119579

Title:

Name:

Address:

City-St-Zip:

Entity Name: AMERICA'S TITLE CONSULTING GROUP INC

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 999 PONCE DELEON BLVD 500 CORAL GABLES, FL 33134 **New Mailing Address: Current Mailing Address:** 999 PONCE DELEON BLVD 500 CORAL GABLES, FL 33134 FEI Number: 80-0030377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLDOVAN, FRED 999 PONCE DE LEON BLVD. 500 CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WINSLOW, CARL H JR MOLDOVAN, FRED Name: Name: 999 PONCE DE LEON BLVD SUITE 500 999 PONCE DE LEON BLVD SUITE 500 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US VΡ () Delete Title: Title: () Change () Addition Name: MOLDOVAN, FRED J Name: 999 PONCE DELEON BLVD SUITE 500 Address: Address: CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MOLDOVAN, FRED J Name: Name: 999 PONCE DELEON BLVD SUITE 500 Address: Address: CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRED MOLDOVAN PRES 01/21/2008

() Delete

CORAL GABLES, FL 33134 US

999 PONCE DE LEON BLVD SUITE 500

WINSLOW, CARL H JR

(X) Change () Addition

999 PONCE DE LEON BLVD SUITE 500

CORAL GABLES, FL 33134 US

MOLDOVAN, FRED