2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2008
Secretary of State

DOCUMENT# P04000125491

Entity Name: AMERICAN CAPITAL TITLE INSURANCE COMPANY, INC.

Current Principal Place of Business:

150 EAST PALMETTO PARK ROAD
STE 505
BOCA RATON, FL 33432

New Principal Place of Business:

19162 CLOISTER LAKE LANE
BOCA RATON, FL 33498

Current Mailing Address:

150 EAST PALMETTO PARK ROAD
STE 505
BOCA RATON, FL 33432

New Mailing Address:

19162 CLOISTER LAKE LANE
BOCA RATON, FL 33498

FEI Number: 20-1698613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANOFF, YALE ESQ
4400 N FEDERAL HWY SUITE 210-26
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: MANOFF, YALE ESQ
Address: 4400 N FEDERAL HWY SUITE 210-26
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: BRIGNONI, ILEANA J
Address: 150 EAST PALMETTO PARK ROAD SUITE 505
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRIGNONI, ILEANA J
Address: 19162 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

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: ILEANA J BRIGNONI D 03/22/2008

Electronic Signature of Signing Officer or Director — Date