

FILED
May 01, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # P04000161264				Secretary of State	
1. Entity Name PALM TITLE AND ESCROW CORP.		05-01-2007 90028 012 ***150.00			
Principal Place of Business 2875 SOUTH OCEAN BLVD 200 PALM BEACH, FL 33480		Mailing Address 2875 SOUTH OCEAN BLVD 200 PALM BEACH, FL 33480			
2. Principal Place of Business - No P.O. Box # 205 WORTH AVENUE		3. Mailing Address 205 WORTH AVENUE			
Suite, Apt. #, etc. SUITE 312		Suite, Apt. #, etc. SUITE 312		04082007 Chg-P CR2E034 (12/06)	
City & State PALM BEACH FL		City & State PALM BEACH, FL		4. FEI Number 20-1739062	
Zip 33480		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID A. MCKIBBIN, JR. 2875 SOUTH OCEAN BLVD SUITE 200 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE D. A. McKibbin (NOTE: Registered Agent signature required when reinstating) DATE 4-30-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CH DAVIS, JAMES 5290 HIATUS ROAD SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MCKIBBIN, DAVID A SR. 1388 LANDS END ROAD LANTANA, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S-T MCKIBBIN, KATHRYN 1388 LANDS END ROAD LANTANA, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE D. A. McKibbin (David McKibbin) 4-30-07 (561) 5476606 SIGNATURE AND TYPED OR PRINTED NAME (SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #					