

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

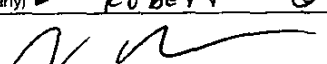
**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90039 008 \*\*\*150.00

<b>DOCUMENT # P05000042786</b>					
<b>1. Entity Name</b> ATLANTIC TITLE AGENCY, INC.					
<b>Principal Place of Business</b> 3165 MCCRORY PLACE STE. 101 ORLANDO, FL 32803			<b>Mailing Address</b> 3165 MCCRORY PLACE STE. 101 ORLANDO, FL 32803		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> APPLIED FOR	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRAHAM, ROBERT 3165 MCCRORY PLACE STE 101 ORLANDO, FL 32803			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>P</b> GRAHAM, ROBERT 3165 MCCRORY PLACE, STE. 101 ORLANDO, FL 32803		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <b>4/30/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 66016154

#P05000042786

Form <b>SS-4</b> (Rev. February 2006) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>ATLANTIC TITLE AGENCY, INC.</b>		EIN	
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>3165 McCracky PL Ste 101</b>		5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code <b>Orlando FL 32803</b>		5b City, state, and ZIP code	
	6 County and state where principal business is located			
	7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, or EIN	
<b>8a Type of entity (check only one box)</b> <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>P05000042786</b> <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____				
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b> Foreign country _____				
<b>9 Reason for applying (check only one box)</b> <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>TITLE AGENCY</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____				
<b>10</b> Date business started or acquired (month, day, year). See instructions. <b>HAS NOT STARTED</b>				
<b>11</b> Closing month of accounting year				
<b>12</b> First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)				
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>				
<b>14</b> Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker				
<b>15</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Title Insurance Agency</b>				
<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note. If "Yes," please complete lines 16b and 16c.				
<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <b>Graham Woods, PC</b> Trade name ▶ <b>Graham Woods, PC</b>				
<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) <b>6/14/2004</b> City and state where filed <b>Orlando, FL 32803</b> Previous EIN <b>83-0398474</b>				
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
	Designee's name		Designee's telephone number (include area code)	
	Address and ZIP code		Designee's fax number (include area code)	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				
Name and title (type or print clearly) ▶ <b>Robert Graham</b>			Applicant's telephone number (include area code) <b>(407) 897-1116</b>	
Signature ▶ 			Applicant's fax number (include area code) <b>(407) 897-8596</b>	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form <b>SS-4</b> (Rev. 2-2006)				