2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State
08-24-2007 90024 032 ***150.00

DOCUMENT # P05000109724

1. Entity Name
INTERNATIONAL LAND & TITLE CORPORATION

40130119 V

Principal Place of Business	Mailing Address
1101 17TH STREET PALM HARBOR, FL 34683	1101 17TH STREET PALM HARBOR, FL 34683

05022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
2255 Glades Road	2255 Glades Road
Suite, Apt. #, etc. Suite 324A	Suite, Apt. #, etc. Suite 324A
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip: 33431 Country: U.S.A.	Zip: 33431 Country: U.S.A.

4. FEI Number APPLIED FOR 20-3298231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOGEL, SARAH S 1101 17TH STREET PALM HARBOR, FL 34683	Name: Sarah S. Vogel Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road, Ste 324A City: Boca Raton FL Zip Code: 33431

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: SARAH S. VOGEL 5/1/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P VOGEL, SARAH S 1101 17TH STREET PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Vogel, Sarah S. 2255 Glades Road, Suite 324A Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP CROZON, MARYVONNE 2255 GLADES ROAD, SUITE 324A BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SARAH S. VOGEL 5/1/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date