

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129579

FILED
Jan 23, 2007
Secretary of State

Entity Name: SUPREME TITLE & ESCROW OF BREVARD COUNTY, INC.

Current Principal Place of Business:

2202 SOUTH BABCOCK
SUITE 100
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1700 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-4534001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTELBERG, BARRY S
1700 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS, FL 33071 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: DP () Delete
Name: NICOSIA, GIOVANNI
Address: 1700 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DVT () Delete
Name: MITTELBERG, BARRY S
Address: 1700 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GIOVANNI NICOSIA

DP

01/23/2007

Electronic Signature of Signing Officer or Director

Date