2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000153746 1. Entity Name



FILED Jan 29, 2007 8:00 am Secretary of State

CENTUR	ION TITLE SERVICES	S INC.						01.	-29-2	2007 \$	/O102	032	130.0	00
Principal Plac 8725 NW 18 215-B MIAMI, FL 3	ТЕ	8 2	eiling Address 725 NW 18 TE 15-B IIAMI, FL 33172				â L a a (1 a 3) (5	[11 F		1 91 11	ISI 11881 11			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112007	4	Chg-l	>	CR	2E034	(12/06)	
City & State			City & State			-	4. FEI Numb APPLIE		OR a	20-4	4144	1172		oplied For of Applicable
Zip	Country		Zip	Cour	ntry		5. Certificate	e of Sta	atus D	esired			8.75 Add e Require	
	6. Name and Address of	Current Regis	tered Agent				7. Name and	d Addı	ress c	f New I	Registe	red Ag	ent	
	1				Name									
SIBLESZ, 8725 NW 215-B MIAMI, FL	18 TE ;				Street Ad	ldress (F	P.O. Box Numb	oer is 1	Vot Ac	ceptabl	e)	, ,		
WIAWII, FL	33172				City							FL	Zip Cod	<u>е</u>
	named entity submits this statitions of registered agent.	ement for the p	ourpose of changing its	register	red office or r	register	ed agent, or bo	oth, in	the St	ate of F			niliar with,	and accept
SIGNATURE.	Signature, typed or printed name of regist	ered agent and title	if applicable (NO)	E Registori	ed Agent signatur	e requied	when reinstating)				D#	ATE		
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	7 " ,													
	E NOW!!! FEE IS \$150 ay 1, 2007 Fee will be		9. Election Campa Trust Fund Con				.00 May Be ed to Fees							
	ay 1, 2007 Fee will be		Trust Fund Con		. 0			S/CHA	NGES	TO OF	FICERS	AND Č) RÉCTOR	S IN 11
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12. Thereby 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:

NG OFFICER OR DIRECTOR