2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000014901

Entity Name: FLORIDA STATE TITLE, INC.

FILED Jul 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3511 WEST COMMERCIAL BLVD 9000 SHERIDAN STREET

304 156

FT. LAUDERDALE, FL 33309 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

3511 WEST COMMERCIAL BLVD 9000 SHERIDAN STREET 156

FT. LAUDERDALE, FL 33309 PEMBROKE PINES, FL 33024

FEI Number: 20-4245824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAYE, FELICITE P FINLAY, MONIQUE C 3511 WEST COMMERCIAL BLVD 9000 SHERIDAN STREET

304 156 FT. LAUDERDALE, FL 33309 US PEMBROKE PINES, FL 33024 US

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: MONIQUE C FINLAY 07/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PVST (X) Change () Addition

Name:KAYE, FELICITE PName:FINLAY, MONIQUE CAddress:4347 BRANDYWINE DRIVEAddress:9000 SHERIDAN STREET, SUITE 156

Address: 4347 BRANDYWINE DRIVE Address: 9000 SHERIDAN STREET, SUITE 156
City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: PEMBROKE PINES, FL 33024

Title: V (X) Delete Title: () Change () Addition

 Name:
 FINLAY, MONIQUE C
 Name:

 Address:
 1886 SW 163 AVENUE
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MONIQUE C FINLAY PVST 07/30/2007