

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90041 045 \*\*\*150.00

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<b>DOCUMENT # P06000017565</b> 1. Entity Name <b>PROFESSIONAL TITLE ASSOCIATES, INC.</b>					
Principal Place of Business <b>2810 E. OAKLAND PARK BLVD., STE. 102 FT. LAUDERDALE, FL 33306</b>			Mailing Address <b>2810 E. OAKLAND PARK BLVD., STE. 102 FT. LAUDERDALE, FL 33306</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>20-5410889</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 NW 16TH ST. FT. LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>Karen Block</b> Street Address (P.O. Box Number is Not Acceptable) <b>2810 East Oakland Park Blvd. Suite 102</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33306</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. SIGNATURE <u><i>Karen Block</i></u> <u><i>Karen Block</i></u> <u><i>3/1/07</i></u> <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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BLOCK, KAREN <input type="checkbox"/> Delete 2810 E. OAKLAND PARK BLVD., STE. 102 FT. LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Karen Block</i></u> <u><i>Karen Block</i></u> <u><i>3/1/07</i></u> <u><i>054-563-1000</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					