


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 022 ***150.00

DOCUMENT # P06000030608

1. Entity Name
KAMRAD TITLE SERVICES, INC.



Principal Place of Business Mailing Address

1850 LEE ROAD 1850 LEE ROAD
 SUITE 350 SUITE 350
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

20008805

2. Principal Place of Business - No P.O. Box #
1850 Lee Road

3. Mailing Address

Suite, Apt. #, etc.
Suite 330

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State

Zip Country
32789 USA

Zip Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4410122** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, SOUTH & MILHAUSEN, P.A.
 C/O RICHARD D. BAXTER, ESQ.
 1000 LEGION PLACE, SUITE 1200
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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	D KAMRAD, DEBRA K 1850 LEE ROAD, SUITE 350 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	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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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

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: Debra K Kamrad Date: 4/17/07 Daytime Phone #: (407) 647-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Debra K. Kamrad **X 104**

sent 4/26/06

ATTACHMENT
2008X08

Form **8822**

Change of Address

(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

▶ Please type or print
▶ See instructions on back. ▶ Do not attach this form to your return.

OMB No. 1545-1163

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 Individual

▶ If your
from th

2 Gift; esta

▶ For Fo

▶ Deced

FYI,

3a Your name (fir

This form was

4a Spouse's nam

sent in 4/26/06

5 Prior name(s)

6a Old address (

al Kamrad

6b Spouse's old

7 New address

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)

9 Employee plan returns (Forms 5500; 5500-EZ, etc.)

10 Business location

11a Business name

KAMRAD Title Services, Inc

11b Employer identification number

20 4410122

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

1850 Lee Rd, Winter Park, FL 32789

Room or suite no.

350

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

1850 Lee Rd, Winter Park, FL 32789

Room or suite no.

330

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶

407. 647-5880

Sign Here

Debra K. Kamrad

4/26/06

Your signature

Date

If Part II completed, signature of owner, officer, or representative

Date

If joint return, spouse's signature

Date

Title



IRS Department of the Treasury
Internal Revenue Service
Holtsville, NY 11742

ATTACHMENT

In reply refer to: 0134264523
April 14, 2006
LTR 2475C

20008805
~~#P06000030608~~

KAMRAD TITLE SERVICES INC
% D JOHNSON-KAMRAD
803 MALONE DR
ORLANDO FL 32810

Dear Taxpayer:

We need your help to keep our records current. Recently, the post office returned as "undeliverable" EIN related tax information we sent you. We identified the address shown above through systems' research, but are unable to update our official records without your written verification. Please complete the enclosed Form 8822, Change of Address, to help us update our computer records. Be sure to sign and date the form and mail it to the address shown on this letter.

If you have any questions, please call us toll-free at 1-800-829-4933. If you prefer, you may write to us at the address shown at the top of this page.

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,

Iris Drucker, Dept. Manager
EIN 2, Accounts Mgmt. 1

Enclosure(s):
Form 8822