## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P06000030608 04-20-2007 90204 022 \*\*\*150.00 1. Entity Name KAMRAD TITLE SERVICES, INC. Principal Place of Business Mailing Address 20008805 1850 LEE ROAD 1850 LEE ROAD SUITE 350 **SUITE 350** WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 1850 Lee Road 3. Mailing Address Suite, Apt. #, etc. 01032007 CR2E034 (12/06) 330 City & State 4. FEI Number Applied For 4410122 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, SOUTH & MILHAUSEN, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O RICHARD D. BAXTER, ESQ. 1000 LEGION PLACE, SUITE 1200 ORLANDO, FL 32801 City 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 SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE ☐ Change ■ Addition KAMRAD, DEBRA K NAME NAME 1850 LEE ROAD, SUITE 350 STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1111E ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered. Kanno SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAMRAd

EBRAK.

**FILED** 

Sent 4/26/06

**.... 8822** 

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

Change of Address

Please type or print

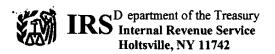
ATTACHMENT

OMB No. 1545-1163

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▶ Do not attach this form to your return

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ATTACHMENT

In reply refer to: 0134264523

April 14, 2006 LTR 2475C

#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 Mgmnt. 1

Enclosure(s): Form 8822