

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030754

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: ATLANTIC VIEW TITLE AGENCY, INC.

## Current Principal Place of Business:

476 HWY A1A STE 8B  
SATELLITE BCH, FL 32937

## New Principal Place of Business:

## Current Mailing Address:

476 HWY A1A STE 8B  
SATELLITE BCH, FL 32937

## New Mailing Address:

FEI Number: 20-4401810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRESE, GARY B  
930 S HARBOR CITY BLVD STE 505  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

AMY VAN FOSSEN, P.A.,  
476 HIGHWAY A1A  
SUITE 8A  
SATELLITE BEACH, FL 32937 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: AMY VAN FOSSEN

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DODD, APRIL D  
Address: 476 HWY A1A STE 8B  
City-St-Zip: SATELLITE BCH, FL 32937

Title: D ( ) Delete  
Name: BELTER, MARK D  
Address: 476 HWY A1A STE 8B  
City-St-Zip: SATELLITE BCH, FL 32937

Title: D ( ) Delete  
Name: BELTER, JEFFREY S  
Address: 476 HWY A1A STE 8B  
City-St-Zip: SATELLITE BCH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: APRIL D. DODD

D

04/17/2007

Electronic Signature of Signing Officer or Director

Date