


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90038 017 ***150.00

DOCUMENT # P06000035463	
1. Entity Name CLEAR TITLE SOLUTIONS, INC.	

Principal Place of Business 320 WEST SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779	Mailing Address 320 WEST SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779
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2. Principal Place of Business - No P.O. Box # 505 Wekiva Springs Road	3. Mailing Address 505 Wekiva Springs Road
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Longwood, FL	City & State Longwood, FL
Zip 32779	Country USA



01042008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4474174	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIRIANI, TAMARAH R 320 W. SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779	
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7. Name and Address of New Registered Agent	
Name Tamarah R. Chiriani	
Street Address (P.O. Box Number is Not Acceptable) 505 Wekiva Springs Road	
Suite 500	
City Longwood	FL Zip Code 32779

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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election: Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHIRIANI, TAMARAH R 320 WEST SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUTCHER, JENNIFER 505 Wekiva Springs Road, Ste 500 Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERRY, KATHLEEN 505 Wekiva Springs Rd, Ste 500 Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHIRIANI, TAMARAH 505 Wekiva Springs Rd, Ste 500 Longwood, FL 32779 <input checked="" 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
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
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: 	Tamarah R. Chiriani	407-388-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #