

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087932

FILED
Apr 16, 2007
Secretary of State

Entity Name: ILLUSTRATED TITLE INSURANCE, INC.

Current Principal Place of Business:

200 BUTLER STREET, SUITE 205
WEST PALM BEACH, FL 33407

New Principal Place of Business:

800 VILLAGE SQUARE CROSSING, SUITE 203
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

200 BUTLER STREET, SUITE 205
WEST PALM BEACH, FL 33407

New Mailing Address:

P.O. BOX 31531
PALM BEACH GARDENS, FL 33420

FEI Number: 22-3936543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERLE, STEVEN
6070 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUCK, LAWRENCE P
Address: 200 BUTLER STREET, SUITE 205
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: LISIEWSKI, MARTIN
Address: 6070 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: RIELLY, THOMAS D
Address: 200 BUTLER STREET, SUITE 205
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: SERIE, STEVEN
Address: 6070 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUCK, LAWRENCE P
Address: 800 VILLAGE SQUARE CROSSING, SUITE 203
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

Title: D (X) Change () Addition
Name: SERLE, STEVEN
Address: 6070 N. FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

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: LAWRENCE P. BUCK

D

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date