2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102088

Entity Name: 1ST NATION TITLE COMPANY

FILED Jan 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1601 BELVEDERE ROAD 2240 PALM BEACH LAKES BLVD

SUITE 506 E SUITE 100

WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

1601 BELVEDERE ROAD 2240 PALM BEACH LAKES BLVD

SUITE 506 E SUITE 100

WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33409

FEI Number: 70-1010411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STELLA, SUAREZ-RITA GRIFFIE, ROSALIND

1601 BELVEDERE ROAD 2240 PALM BEACH LAKES BLVD

SUITE 506 E SUITE 100

WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33409 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: ROSALIND GRIFFIE 01/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SUAREZ-RITA, STELLA
 Name:
 ROSALIND, GRIFFIE

 Address:
 2513 HENRIETTA COURT
 Address:
 2240 PALM BEACH LAKES BLVD

City-St-Zip: LANTANA, FL 33462 City-St-Zip: SUITE 100, FL 33409

Title: VP () Delete Title: () Change () Addition

 Name:
 DIAZ, JOHN A
 Name:

 Address:
 8198 ROSALIE LANE
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

Name: MOMENI, EDDIE Name: MOMENI, EDDIE
Address: 3450 NORTHLAKE BOULEVARD Address: P.O. BOX 51

City-St-Zip: PALM BEACH GARDENS, FL 33403 City-St-Zip: WEST PALM BEACH, FL 33402

Title: T (X) Delete Title: () Change () Addition

 Name:
 GRIFFIE, ROSALIND R
 Name:

 Address:
 3506 SHOMA DRIVE
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 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: ROSALIND R. GRIFFIE P 01/26/2007