2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007
Secretary of State

DOCUMENT# P06000133873

Entity Name: 100% ASSURED TITLE, INC.

Current Principal Place of Business:

144 MARY ESTHER BLVD
#16
MARY ESTHER, FL 32569

New Principal Place of Business:

144 MARY ESTHER BLVD
#12
MARY ESTHER, FL 32569

Current Mailing Address:

144 MARY ESTHER BLVD
#16
MARY ESTHER, FL 32569

New Mailing Address:

144 MARY ESTHER BLVD
#12
MARY ESTHER, FL 32569

FEI Number: 59-3343607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICARI, CHARLES J
343 SHANNON CT
FT. WALTON BEACH, FL 32548 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: P,D ( ) Delete
Name: LICARI, CHARLES J
Address: 343 SHANNON CT.
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: D ( ) Delete
Name: DAVIS, ROBIN D
Address: 117 TRAILWOOD LN
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: KRAHENBUHL, DONNA L
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: KRAHENBUHL, DAVID W
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: LICARI, CHARLES J
Address: 343 SHANNON CT.
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: PD (X) Change ( ) Addition
Name: DAVIS, ROBIN D
Address: 117 TRAILWOOD LN
City-St-Zip: CRESTVIEW, FL 32539

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: ROBIN D DAVIS PD 01/26/2007

Electronic Signature of Signing Officer or Director — Date