2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024645

Entity Name: INTERTITLE GROUP SERVICES CORP

FILED Apr 29, 2008 Secretary of State

Entity Nai	me: INTERTI	LE GROUP SERVICES CORF	,		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14201 W SUNRISE BLVD, STE 204 SUNRISE, FL 33323			108 GABLES BLVD WESTON, FL 33326		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
14201 W SUNRISE BLVD, STE 204 SUNRISE, FL 33323			108 GABLES BLVD WESTON, FL 33326		
FEI Number:	: 20-8508271	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
14201 W S	N, KENNETH SUNRISE BLVI FL 33323	D, STE 204 US	MATHISON, KENNET 108 GABLES BLVD WESTON, FL 33326	H US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: JOANN M	1ATHISON		04/29/2008	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MATHISON, KE 108 GABLES B WESTON, FL 3	LVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MATHISON, JO 108 GABLES B WESTON, FL 3	LVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () CAUSO, JORGI 10967 NW 44 T MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () SELGAS, YADF	Delete RANA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOANN MATHISON MRS 04/29/2008

3703 OAK RIDGE CIRCLE

WESTON, FL 33331

Address:

City-St-Zip: