2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000029948

FILED Oct 22, 2008 Secretary of State

Entity Name: EXCEPTIONAL TITLE INSURANCE AGENCY & ESCROW SERVICES, INC

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

301 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444

Current Mailing Address: New Mailing Address:

301 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444

FEI Number: 20-8589440 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:

PROIA, JOSEPH

301 W. ATLANTIC AVENUE

DELRAY BEACH, FL 33444 US

MARRONGELLI, JEANNIE R

301 W. ATLANTIC AVENUE

DELRAY BEACH, FL 33444 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: JEANNIE R MARRONGELLI 10/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PROIA, JOSEPH MARRONGELLI, JEANNIE R Name: Name: 301 W. ATLANTIC AVENUE 301 W. ATLANTIC AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: DELRAY BEACH, FL 33444

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

 Name:
 BIANCARDI, BRIAN
 Name:

 Address:
 301 W. ATLANTIC AVENUE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:

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

 Name:
 MARRONGELLI, JEANNIE
 Name:

 Address:
 301 W. ATLANTIC AVENUE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:

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.

SIGNATURE: JEANNIE R MARRONGELLI P 10/22/2008