2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P07000049703

Entity Name: K.E.L. TITLE INSURANCE GROUP, INC.

Current Principal Place of Business:

151 WYMORE RD.
SUITE 7000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

151 WYMORE RD.
SUITE 7000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 45-0559883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
P.O. BOX 6200 (32314 -6200)
TALLAHASSEE, FL 32399 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: LYND, CRAIG R
Address: 172 STEEPLE CHASE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: ENGLETT, MATTHEW S
Address: 8526 BOWDEN WAY
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: MCKENZIE, GORDON T
Address: 5910 NW 72 CT.
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: KAUFMAN, JEFFREY S
Address: 8783 CHARLES E. LIMPUS ROAD
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete
Name: PANTOZZI, PAUL M II
Address: 7401 PARK SPRINGS CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CRAIG R LYND D 01/07/2008

Electronic Signature of Signing Officer or Director — Date