

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074438

FILED
Apr 29, 2009
Secretary of State

Entity Name: BANKERS TITLE & ABSTRACT INC

Current Principal Place of Business:

1489 WEST PALMETTO PARK RD.
SUITE 494
BOCA RATON, FL 33486 US

Current Mailing Address:

1489 WEST PALMETTO PARK RD.
SUITE 494
BOCA RATON, FL 33486 US

New Principal Place of Business:

200 SOUTH ANDREWS AVENUE
SUITE 502
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

200 SOUTH ANDREWS AVENUE
SUITE 502
FORT LAUDERDALE, FL 33301 US

FEI Number: 26-0336593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXI MANAGEMENT INC.
7320 LAKE CIRCLE DRIVE
SUITE 307
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

FALLER, MICHELLE
7320 LAKE CIRCLE DRIVE
SUITE 307
MARGATE, FL 33063 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: MICHELLE FALLER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FALLER, BILL
Address: 1489 W PALMETTO PARK RD STE 494
City-St-Zip: BOCA RATON, FL 33486

Title: VP (X) Delete
Name: DUGMORE, DAVID
Address: 1489 W PALMETTO PARK RD STE 494
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FALLER, BILL
Address: 200 SOUTH ANDREWS AVENUE, SUITE 502
City-St-Zip: FORT LAUDERDALE, FL 33301

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: BILL FALLER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date