2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2008 8:00 am Secretary of State **DOCUMENT # P07000099535** 05-30-2008 90213 047 ***550.00 1. Entity Name PYB TITLE SERVICES, INC. Principal Place of Business Mailing Address 40100303 490 OPA LOCKA BLVD. 490 OPA LOCKA BLVD. SUITE 11 SUITE 11 MIAMI, FL 33054 MIAMI, FL 33054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 05282008 CR2E034 (12/06) City & State City & State Applied For 326 31 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAYNON, PAMELA Street Address (P.O. Box Number is Not Acceptable) 490 OPA LOCKA BLVD. SUITE 11 MIAMI, FL 33054 Zip Code 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE OATE Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematiting FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 20Q8 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete BRAYNON, PAMELA NAME NAME 1270 NW 57TH STREET STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP MIAMI, FL 33142 ☐ Addition Change Delete TITLE ٠,٠,٠ TITLE COX, RICK NAME NAMÉ STREET ADDRESS 16262 NW 21 STREET STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZiP CHY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME CLARK, WILLIAM W NAME 4435 NW 73 WAY STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- 7iP CITY-ST-ZIP Change ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered Pamela

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Daytime Phone