

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030521

FILED
Apr 30, 2009
Secretary of State

Entity Name: COUNTYLINE INSURANCE TITLE GROUP, INC.

Current Principal Place of Business:

6030 HOLLYWOOD BOULEVARD
110
HOLLYWOOD, FL 33024 US

Current Mailing Address:

6030 HOLLYWOOD BOULEVARD
110
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

10211 PINES BLVD
301
PEMBROKE PINES, FL 33026 US

New Mailing Address:

10211 PINES BLVD
301
PEMBROKE PINES, FL 33026 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTERSON, CHRIS
6030 HOLLYWOOD BOULEVARD
110
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

PETTERSON, CHRIS
10211 PINES BLVD
301
PEMBROKE PINES, FL 33026 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: CHRIS PETTERSON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: PETTERSON, CHRIS
Address: 6030 HOLLYWOOD BOULEVARD, # 110
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: T,S () Delete
Name: PETTERSON, CHRIS
Address: 6030 HOLLYWOOD BOULEVARD, # 110
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete
Name: PETTERSON, CHRIS
Address: 6030 HOLLYWOOD BOULEVARD, # 110
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: PETTERSON, CHRIS
Address: 10211 PINES BLVD, # 301
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T,S (X) Change () Addition
Name: PETTERSON, CHRIS
Address: 10211 PINES BLVD, # 301
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D (X) Change () Addition
Name: PETTERSON, CHRIS
Address: 10211 PINES BLVD, # 301
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: CHRIS PETTERSON

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date