2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071335

Entity Name: TROPICAL LAND TITLE INSURANCE AGENCY, INC.

FILED Mar 01, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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14255 US HWY ONE 14255 US HIGHWAY ONE

SUITE 209 SUITE 209

JUNO BEACH, FL 33408 US JUNO BEACH, FL 33408 US

Current Mailing Address: New Mailing Address:

14255 US HWY ONE 14255 US HIGHWAY ONE

SUITE 209 SUITE 209

JUNO BEACH, FL 33408 US JUNO BEACH, FL 33408 US

FEI Number: 65-0442763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOSTER, WENDY K.

14255 US HIGHWAY ONE 209

JUNO BCH, FL 33408 US

FOSTER, WENDY K.

14255 US HIGHWAY ONE

SUITE 209

JUNO BCH, FL 33408 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: 03/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS () Delete Title: () Change () Addition

 Name:
 FOSTER, WENDY K
 Name:

 Address:
 198 JONES CREEK DRIVE
 Address:

 City-St-Zip:
 JUPITER, FL 33458
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WENDY K. FOSTER PVTS 03/01/2004