2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P94000009989

Entity Name: HAYHURST TITLE SERVICES INCORPORATED

Current Principal Place of Business:

2601 S. BAYSHORE DRIVE, STE. 250
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 S. BAYSHORE DRIVE, STE. 250
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0465200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYHURST, PATRICIA
2601 S. BAYSHORE DRIVE, STE. 250
COCONUT GROVE, FL 33133 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: DPST ( ) Delete
Name: HAYHURST, PATRICIA
Address: 2601 S. BAYSHORE DRIVE STE 250
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP ( ) Delete
Name: O'LEARY-HENDERSON, COLEEN
Address: 2601 S. BAYSHORE DRIVE STE 250
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: KISLAK, JONATHAN I
Address: 701 BRICKELL AVE SUITE 1400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KAUFMAN, CHERYL
Address: 2601 S. BAYSHORE DRIVE STE 245
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
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: CHERYL KAUFMAN VP 04/30/2005
Electronic Signature of Signing Officer or Director — Date