

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 002 \*\*\*150.00

40062643



03132008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0494121 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # P94000029602  
 1. Entity Name  
 TITLE AUTHORITY, INC.



Principal Place of Business 7336 W. 20 AVE. HIALEAH, FL 33016  
 Mailing Address 7336 W. 20 AVE. HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box 8151 Peters Road  
 Suite, Apt. #, etc. #1700  
 3. Mailing Address 8151 Peters Road  
 Suite, Apt. #, etc. #1700

City & State PLANTATION, FL  
 Zip 33324 Country USA  
 City & State PLANTATION, FL  
 Zip 33324 Country U.S.A.

6. Name and Address of Current Registered Agent  
 BLANFORD, SHARON  
 7336 W 20 AVEN  
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent  
 Name Gladys Ruiz  
 Street Address (P.O. Box Number is Not Acceptable) 8151 Peters Rd #1700  
 City PLANTATION FL Zip Code 33324

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Gladys Ruiz - Gladys Ruiz - President 4-3-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PD NAME BLANFORD, SHARON D. STREET ADDRESS 7336 W. 20TH AVE CITY-ST-ZIP HIALEAH, FL	<input checked="" type="checkbox"/> Delete
TITLE VP NAME RUIZ, GLADYS STREET ADDRESS 7336 W 20 AVE CITY-ST-ZIP HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE S NAME GONZALEZ, NERVISA STREET ADDRESS 7336 W 20 AVE CITY-ST-ZIP HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE T NAME BLANFORD, SHARON D STREET ADDRESS 7336 W 20 AVE CITY-ST-ZIP HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Pres. NAME Gladys Ruiz STREET ADDRESS 8151 Peters Road #1700 CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Director NAME Gladys Ruiz STREET ADDRESS 8151 Peters Road #1700 CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Director NAME DEAN ADLER STREET ADDRESS 8151 Peters Road #1700 CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 supplemental 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.

SIGNATURE: Gladys Ruiz - Gladys Ruiz 4-3-08 (305) 825-2439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #