

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 #