

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038766

FILED
Feb 02, 2007
Secretary of State

Entity Name: KB HOME TITLE SERVICES INC.

Current Principal Place of Business:

9102 SOUTHPARK CENTER LOOP
140
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

10990 WILSHIRE BLVD.
5TH FLOOR, TAX DEPT.
LOS ANGELES, CA 90024

New Mailing Address:

FEI Number: 59-3318375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DVT () Delete
Name: ALLRED, KELLY M
Address: 10990 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: DVAS () Delete
Name: HOLLINGER, WILLIAM R
Address: 10990 WILSHIRE BLVD., 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: P () Delete
Name: MILLER, HARRY
Address: 9102 SOUTHPARK CENTER LOOP, STE. 200
City-St-Zip: ORLANDO, FL 32819

Title: VPO () Delete
Name: BUSH, DARYL
Address: 9102 SOUTHPARK CENTER LOOP, STE. 200
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: CECERE, DOMENICO
Address: 10990 WILSHIRE BLVD., 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: SEC () Delete
Name: RICHELIEU, TONY
Address: 10990 WILSHIRE BLVD., 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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: CORY F. COHEN

SVP

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date