2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038766

Entity Name: KB HOME TITLE SERVICES INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
140	HPARK CENT	ER LOOP				
ORLANDO, FL 32819 Current Mailing Address:			New Maili	New Mailing Address:		
10990 WILSHIRE BLVD. 5TH FLOOR, TAX DEPT. LOS ANGELES, CA 90024		10000				
FEI Number: 5	59-3318375	FEI Number Applied For ()	FEI Number Not Appl	licable () Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
1201 HAYS	TION SERVICI STREET SEE, FL 3230					
The above r in the State		ubmits this statement for the pu	rpose of changing i	ts registered office or i	registered agent, or both,	
SIGNATURE:						
	Electroni	c Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COHEN, CORY	E BLVD., 5TH FLOOR	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	HOLLINGER, WI	E BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	MILLER, HARRY	RK CENTER LOOP, STE. 200	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VPO () I BUSH, DARYL 9102 SOUTHPAR ORLANDO, FL 3	RK CENTER LOOP, STE. 200	Title: Name: Address: City-St-Zip:	VPT (X) Change KELLY, MASUDA 10990 WILSHIRE BLVD. LOS ANGELES, CA 900	, 7TH FLOOR	
Title: Name: Address: City-St-Zip:	CECERE, DOME	E BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	SEC (X) Change TONY, RICHELIEU 10990 WILSHIRE BLVD. LOS ANGELES, CA 900	, 7TH FLOOR	
Title: Name: Address: City-St-Zip:	RICHELIEU, TON	E BLVD., 7TH FLOOR	Title: Name: Address: City-St-Zip:	() Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify 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 AS 02/17/2009