


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90021 044 \*\*\*150.00

<b>DOCUMENT # P95000055149</b> 1. Entity Name <b>EXPRESS LAND TITLE, INC.</b>			
Principal Place of Business <b>11380 PROSPERITY FARMS RD. 215 PALM BEACH GARDENS, FL 33410</b>		Mailing Address <b>11380 PROSPERITY FARMS RD. 215 PALM BEACH GARDENS, FL 33410</b>	
2. Principal Place of Business - No P.O. Box # <b>6901 OKEECHOBEE BLVD</b>		3. Mailing Address <b>6901 OKEECHOBEE BLVD</b>	
Suite, Apt. #, etc. <b>D7</b>		Suite, Apt. #, etc. <b>D7</b>	
City & State <b>WEST PALM Bch FL</b>		City & State <b>WEST PALM Bch FL</b>	
Zip <b>33413</b>		Zip <b>33413</b>	
Country <b>PAUM BEACH</b>		Country <b>PAUM Bch</b>	
4. FEI Number <b>65-0601728</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUS, JACOB P 552 SANCTUARY POINT JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>RUS, JACOB P</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>552 SANCTUARY POINT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>JUPITER, FL 33458</b>			
TITLE <b>D</b>	NAME <b>RUS, SHELLIE J</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>552 SANCTUARY POINT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>JUPITER, FL 33458</b>			
TITLE <b>D</b>	NAME <b>RUS, SHELLIE J</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>552 SANCTUARY POINT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>JUPITER, FL 33458</b>			
TITLE <b>D</b>	NAME <b>RUS, SHELLIE J</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>552 SANCTUARY POINT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>JUPITER, FL 33458</b>			
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.			
<b>SIGNATURE:</b> _____		<b>4/6/07 56-753-1525</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			