
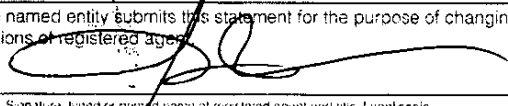
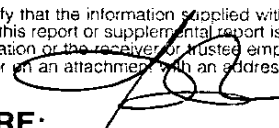


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90035 029 ***150.00

DOCUMENT # P95000073715			
1. Entity Name TITLE GUARANTY & ESCROW, INC.			
Principal Place of Business 2131 HOLLYWOOD BLVD 507 504 HOLLYWOOD FL 33020 US		Mailing Address 2131 HOLLYWOOD BLVD 507 504 HOLLYWOOD FL 33020 US	
2. Principal Place of Business - No P.O. Box # 2131 HOLLYWOOD BLVD		3. Mailing Address 2131 HOLLYWOOD BLVD	
Suite, Apt. #, etc. #504		Suite, Apt. #, etc. #504	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33020	Country USA	Zip 33020	Country USA
6. Name and Address of Current Registered Agent CARLTON, BONNIE J 2131 HOLLYWOOD BLVD 507 504 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent CARLTON, BONNIE J 2131 HOLLYWOOD BLVD #504 HOLLYWOOD FL 33020	
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  DATE 4/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, BONNIE J 2131 HOLLYWOOD BLVD NO. 507 504 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE # to 504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLTON, BONNIE J 2131 HOLLYWOOD BLVD NO. 507 504 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" to 504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Section 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: 		DATE 4/8/08 DAYTIME PHONE # 954 927 9940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			