2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# P96000000936

Entity Name: CONCORDE LAND TITLE SERVICES, INC.

Current Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0647143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEOPOLD, NORMAN
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 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:	VP/D	( ) Delete
Name:	LEOPOLD, NORMAN	
Address:	20801 BISCAYNE BLVD. SUITE 501	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	VPSD	( ) Delete
Name:	LEOPOLD, KAREN S	
Address:	20801 BISCAYNE BLVD. SUITE 501	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	VPTD	( ) Delete
Name:	KORN, GARY A	
Address:	20801 BISCAYNE BLVD. SUITE 501	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	P	( ) Delete
Name:	NOA, ILEANA	
Address:	20801 BISCAYNE BLVD. SUITE 501	
City-St-Zip:	AVENTURA, FL 33180 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	LEOPOLD, NORMAN	
Address:	20801 BISCAYNE BLVD. SUITE 501	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	NOA ESTIT, ILEANA	
Address:	20801 BISCAYNE BLVD. SUITE 501	
City-St-Zip:	AVENTURA, FL 33180 US	

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: NORMAN LEOPOLD VPD 02/27/2008

Electronic Signature of Signing Officer or Director — Date