2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# P96000067412

Entity Name: ALLIANCE TITLE OF AMERICA, INC.

Current Principal Place of Business:

3401 W. CYPRESS STREET
2ND FLOOR
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 25656
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 65-0685696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DOV ( ) Delete
Name: THOMAS, KEVIN D
Address: 536 LAKE COMO CIR
City-St-Zip: ORLANDO, FL 32803

Title: DOP (X) Delete
Name: HICKMAN, HAROLD
Address: 3401 CYPRESS STREET WEST
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: MOSBY, DONALD K
Address: 3401 W. CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: D (X) Delete
Name: HANKS, NITA
Address: 1980 POST OAK ROAD
City-St-Zip: HOUSTON, TX 77056

Title: DOT ( ) Delete
Name: BLASS, KURT
Address: 3401 W. CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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
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 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: DON MOSBY D 07/07/2009

Electronic Signature of Signing Officer or Director Date