2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103984

601 RIVERSIDE AVE.

JACKSONVILLE, FL 32204

Address:

City-St-Zip:

Entity Name: CHICAGO TITLE OF THE FLORIDA KEYS, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principa	New Principal Place of Business:		
	NHOWER DRIN T, FL 33040	/E US				
Current Mailing Address:			New Mailing	New Mailing Address:		
C/O MADE	EDHILL AVE. ELINE BAREW NA, CA 92705	ALD US				
FEI Number	: 65-0718636	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()		
Name and	d Address of C	urrent Registered Agent:	Name and Ad	dress of New Registered Agent:		
1200 S. PI PLANTAT	PORATION SYS NE ISLAND RE ION, FL 33324	D. US	numbers of changing its re-	ogistored office or registered agent or both		
	e of Florida.	submits this statement for the	purpose of changing its re	egistered office or registered agent, or both,		
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () WEISSMAN, AL 2701 GATEWA POMPANO BEA	Y DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DVPS () JOHNSON, TOI 601 RIVERSIDI JACKSONVILLI	E AVE.	Address: 40	S (X) Change () Addition RAVELLE, MICHAEL L 50 CALLE REAL NTA BARBARA, CA 93110		
Title: Name: Address: City-St-Zip:	DVPT () PARK, ANTHON 601 RIVERSIDI JACKSONVILLI	E AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	SVP () PARTINGTON,	Delete DONALD E	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: MADELINE BAREWALD AVP 03/20/2009