2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000007224

1. Entity Name

ON-LINE TITLE SERVICES, INC.



FILED May 01, 2007 08:00 AM Secretary of State

Principal Place of Business

132 10TH AVENUE NO.

SUITE 102

SAFETY HARBOR, FL 34695

Mailing Address

132 10TH AVENUE NO. **SUITE 102**

SAFETY HARBOR, FL 34695



| \mathbf{D} | NOT | WRITE | IN | PILIT | CDA | CE |
|--------------|-----|--------------|-----|-------|-----|-----|
| UU. | NUL | VVKIIE | 11. | 1813 | SPA | LE. |

| | ¢g · | 75 | Additional |
|---------------|------|----|----------------|
| 59-3424957 | | Г | Not Applicable |
| 4. FEI Number | | | Applied For |
| | | | |

5. Certificate of Status Desired

04302007

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SLAUGHTER, CHERYL 132 10TH AVENUE NO. **SUITE 102**

DO NOT WRITE

No Chg-P

| SAFETY HARBOR, FL 34695 | | | | IN THIS SPACE | | | | | |
|--|---|--------------------------------|--------|--------------------------------|-------------------------|------|----------------|--|--|
| | named entity submits this statement for the pions of registered agent. | | | | in the State of Florida | | th, and accept | | |
| | Signature, typed or printed name of registered agent and title if E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing | nature | \$5.00 May Be Added to Fees | | DATE | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | | |
| TITLE Name Street address City-St-Zip | PSTD SLAUGHTER, CHERYL 132 10TH AVENUE NO. #102 SAFETY HARBOR, FL 34695 | | | | , | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | • | | | | | | |
| TITLE NAME | | | | | | | | | |

DO NOT WRITE IN THIS SPACE

000000753164 05/22/07-80009-024 150.00

12. Thereby certify that the information supplied with this filling 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 impowered

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS