

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061689

FILED
Apr 27, 2009
Secretary of State

Entity Name: ADVANCED TITLE RESEARCH SERVICES, INC.

Current Principal Place of Business:

1203 SW 12TH STREET
SUITE 9
OCALA, FL 34474

New Principal Place of Business:

1203 SW 12TH STREET
SUITE 9
OCALA, FL 34471

Current Mailing Address:

1203 SW 12TH STREET
SUITE 9
OCALA, FL 34474

New Mailing Address:

1203 SW 12TH STREET
SUITE 9
OCALA, FL 34471

FEI Number: 59-3460337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, NOREEN
1203 SW 12TH STREET
SUITE 9
OCALA, FL 34474 US

Name and Address of New Registered Agent:

WHEELER, NOREEN
1203 SW 12TH STREET
SUITE 9
OCALA, FL 34471 US

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: NOREEN WHEELER

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STENSON, KRISTINA
Address: 1203 S.W STREET. SUITE 9
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: WHEELER, NOREEN
Address: 1203 S.W. 12TH STREET, SUITE 9
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STENSON, KRISTINA
Address: 1203 S.W STREET. SUITE 9
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: WHEELER, NOREEN
Address: 1203 S.W. 12TH STREET, SUITE 9
City-St-Zip: OCALA, FL 34471

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: NOREEN WHEELER

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date