

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102298

Entity Name: TITLE EXAM PLUS, INC.

FILED  
Mar 25, 2008  
Secretary of State

**Current Principal Place of Business:**

2800 SW 156TH AVENUE  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

5599 UNIVERSITY DRIVE  
202  
DAVIE, FL 33328 US

**New Mailing Address:**

FEI Number: 65-0797704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAXTON, CAROL J  
2800 SW 156TH AVENUE  
DAVIE, FL 33331 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: D ( ) Delete  
Name: SAXTON, CAROL J  
Address: 2800 SW 156TH DRIVE  
City-St-Zip: DAVIE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SAXTON, CAROL J  
Address: 2800 SW 156TH DRIVE  
City-St-Zip: DAVIE, FL 33331

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: CAROL J. SAXTON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DP

03/25/2008

\_\_\_\_\_ Date