2006 FOR PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-24-2006 90355 050 ***150.00 DOCUMENT # P98000027754 1. Entity Name ASSOCIATES TITLE, INC. Principal Place of Business Mailing Address 60029425 15 CYPRESS BRANCH WAY 15 CYPRESS BRANCH WAY **STE 203** STE 203 PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3497975 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBS-GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY Street Address (P.O. Box Number is Not Acceptable) STE 203 PALM COAST, FL 32164 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITL F ☐ Change Addition MCDERMOTT SANDRA M NAME NAME STREET ADDRESS 15 CYPRESS BRANCH WAY -STE 203 STREET ADDRESS CITY-ST-7IP PALM COAST, FL 32164 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GIBBS-GAZZOLI, NICOLE R NAME 15 CYPRESS BRANCH WAY -STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CHY-ST-ZIP HILE ☐ Delete Addition TITLE D ☐ Change O'BRIEN, DONALD T JR NAME NAME 15 CYPRESS BRANCH WAY, #203 STREET ADDRESS STREET ADDRESS CITY-ST-71P PALM COAST, FL 32164 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filing 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 empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

| SIGNATURE: | | Nicole R. Gazzoli | 4-19-06 | 386-445-21W |
|------------|--|-------------------|---------|-----------------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR | | Date | Daytime Phone # |