

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000090253 1. Entity Name ATLANTIC EAST TITLE, INC.	
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Principal Place of Business 1191 E NEWPORT CENTER DR. 207 DEERFIELD BEACH, FL 33442	Mailing Address 1191 E NEWPORT CENTER DR. SUITE 207 DEERFIELD BEACH, FL 33442
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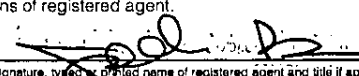


01182008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0989318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JODI B. GREEN, P.A. 1191 E NEWPORT CENTER DR. STE 207 DEERFIELD BEACH, FL 33442	DO NOT WRITE IN THIS SPACE
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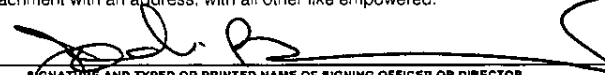
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>1/18/08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000817189 02/14/08-80079-009-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREEN, JODI B 1191 E NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/18/08</u> Date	<u>954 834 0652</u> Daytime Phone #
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