

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 22, 2007
Secretary of State**

DOCUMENT# P06000133873

Entity Name: 100% ASSURED TITLE, INC.

Current Principal Place of Business:

144 MARY ESTHER BLVD
#12
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

144 MARY ESTHER BLVD
#12
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 20-5780393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICARI, CHARLES J
343 SHANNON CT
FT. WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LICARI, CHARLES J
Address: 343 SHANNON CT.
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: PD () Delete
Name: DAVIS, ROBIN D
Address: 117 TRAILWOOD LN
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: KRAHENBUHL, DONNA L
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KRAHENBUHL, DAVID W
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LICARI, CHARLES J
Address: 343 SHANNON CT.
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: VPD (X) Change () Addition
Name: DAVIS, ROBIN D
Address: 117 TRAILWOOD LN
City-St-Zip: CRESTVIEW, FL 32539

Title: TD (X) Change () Addition
Name: KRAHENBUHL, DONNA L
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: SD (X) Change () Addition
Name: KRAHENBUHL, DAVID W
Address: 329 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES J LICARI

Electronic Signature of Signing Officer or Director

PRES

02/22/2007

Date