

1.) CORPORATION NAME:

**TRUE CONCEPT TITLE, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

DUE DATE: **10/31/2011**

SCC ID NO: **F1840273**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 28100 US HIGHWAY 19 NORTH, SUITE 201

CITY/ST/ZIP: CLEARWATER, FL 33761-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ADAM CROCKETT  
TITLE: PRESIDENT  
ADDRESS: 28100 US HWY 19 N, SUITE 201  
CITY/ST/ZIP/CO: CLEARWATER, FL 33761-

OFFICER

DIRECTOR

NAME: ADAM CROCKETT  
TITLE: DIRECTOR  
ADDRESS: 28100 US HWY 19 N, SUITE 201  
CITY/ST/ZIP/CO: CLEARWATER, FL 33761-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ADAM CROCKETT

ADAM CROCKETT, PRESIDENT

10/28/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.