## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT						
DOCUMENT # P01000004893				Ellen		
1. Entity Name					FILED	
TE DEUM TITLE COMPANY				7.0	MAY A	
			1		MAY -3 AM 9: 34	
				1		
Principal Plac	ce of Business	Mailing Address	•	]	LAHA 197E, FLORIDA	
- 3702 WEST KENNEDY BLVD. P.O. BOX 24269				171.	LAMA: SEL FLORIDA	
TAMPA, FL 33609 TAMPA, FL 33623				1	A CONTRACT	
		,				
				04202007 No Cl	hg-P CR2E034 (11/05)	
Ū	OO NOT WRITE I	N THIS SPAC	CE	4. FEI Number	Applied For	
				59-3708526	Not Applicable	
					\$8.75 Additional	
				5. Certificate of Status I	Desired Fee Required	
6. Name and Address of Current Registered Agent				·· · · · · · · · · · · · · · · · · ·		
					į	
MIKES, JA				DO NOT WRITE		
3702 WEST KENNEDY BLVD. TAMPA, FL 33609						
17/MFA, FE 33009			IN THIS SPACE			
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 titl	e if applicable (NOTE Registere	d Agent signature required	i when reinstating)	DATE	
•		A Florifor Course   150				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	~ _ ++.	.00 May Be led to Fees		
	uy 1, 2007 Fee Will be \$550.00					
10.	OFFICERS AND DIRE	CTORS				
THLE	PST					
NAME	MIKES, JAMES R					
STREET ADDRESS CITY-ST-ZIP	3702 WEST KENNEDY BLVD.					
	TAMPA, FL 33609			4561	03044974	
TITLE NAME					01003009 **800.00	
STREET ADDRESS				301 201 01	01000 000 1.000,00	
CITY-ST-ZIP						
TITLE			1			
NAME						
STREET ADDRESS				DO NO:	TAIDITE	
CITY-ST-ZIP				DO NO	T WRITE	
TITLE			1	IN THIC	SPACE	
NAME				IIA I LIIS	SPACE	
STREET ADDRESS MALE						
CITY-SI-ZIP (TLS)						
TITLE	l W					
NAME						
STREET ADDRESS CITY-ST-ZIP	`					
			1			
TIBLE NAME						
NAME STREET ADDRESS						
CITY-S1-ZIP						
	I certify that the information supplied with this	filing does not qualify for the ave	amptions contained	t in Chanter 119. Elected C	tatutos. I further contifu that the information	
indicated	on this report or supplemental report is true	and accurate and that my signal	ture shall have the s	same legal effect as if mad	le 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.						
() / Me H A de						
SIGNAT		Re, VAMESK.	MIKES	4.19.01	313.495.4544	
	SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECT	FOR	Date	Daytime Phone #	