
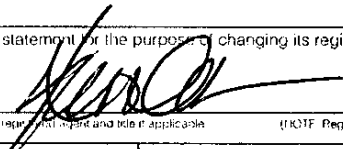
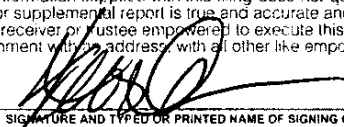


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90071 024 ***150.00

DOCUMENT # P04000165042					
1. Entity Name AMERICAN TITLE COUNSEL, INC.					
Principal Place of Business 9100 S. DADELAND BLVD 1607 MIAMI, FL 33156 KE			Mailing Address 9100 S. DADELAND BLVD 1607 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEB, KEVIN L 9100 S. DADELAND BLVD 1607 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name: <u>ATTORNEY CORPORATE REPORTING SERVICES, Inc</u> Street Address (P.O. Bdx Number is Not Acceptable): <u>same</u> City: <u>same</u> State: <u>FL</u> 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:  DATE: <u>5-1-2007</u>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEEB, KEVIN L	NAME			
STREET ADDRESS	9100 S. DADELAND BLVD STE 1607	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 the address, with all other like empowered.					
SIGNATURE: 			Date: <u>5-1-2007</u> Daytime Phone: # <u>305 670-1188</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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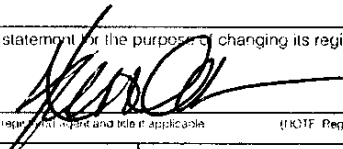


05032007 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

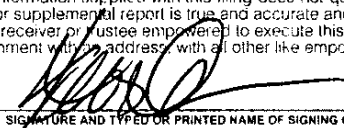
7. Name and Address of New Registered Agent
 Name: ATTORNEY CORPORATE REPORTING SERVICES, Inc
 Street Address (P.O. Bdx Number is Not Acceptable): same
 City: same State: FL Zip Code: _____

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CITY - ST - ZIP		CITY - ST - ZIP	

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