
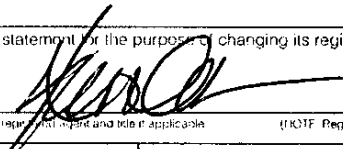


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-07-2007 90071 024 ***150.00

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| 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 | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number APPLIED FOR | |
| 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 ATTORNEY CORPORATE REPORTING SERVICES, Inc Street Address (P.O. Box Number is Not Acceptable) same City same FL Zip Code same | |
| 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 5-1-2007 <small>Signature, typed or printed, name of registered agent and title if applicable. (If RSTF, Registered Agent signature required when reinstating).</small> | | | | | |
| 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 NAME STREET ADDRESS CITY ST ZIP | PSD <input type="checkbox"/> Delete DEEB, KEVIN L 9100 S. DADELAND BLVD STE 1607 MIAMI, FL 33156 | | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Date 5-1-2007 Daytime Phone: 305 670-1188 | | |