


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000057612</b> 1. Entity Name TE DEUM LAND COMPANY	
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Principal Place of Business 3702 WEST KENNEDY BLVD TAMPA, FL 33609	Mailing Address PO BOX 24269 TAMPA, FL 33623
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MIKES, JAMES R 3702 WEST KENNEDY BLVD TAMPA, FL 33609	<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MIKES, JAMES R 3702 WEST KENNEDY BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

200074148142  
05/08/06--01014--021 \*\*650.00

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 an address, with all other like empowered.

SIGNATURE: *James R. Mike* **JAMES R. MIKES** 4.26.06 813-495-4544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
06 APR 27 AM 10:57  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3200655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	