FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am § Secretary of State DOCUMENT # F99000000404 1. Entity Name TITAN RESOURCES INC. 05-14-2002 90065 039 ***150.00 Principal Place of Business Mailing Address 31 GLENCAIRN ROAD 31 GLENCAIRN ROAD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business Mailing Addres 192 2050 E. Ituy 192 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ~ KISSIMMOE City & State 4. FEI Number Applied For 65-0880464 BRING PAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired PALM BEREN 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEIGER, CYNDE 31 GLENCAIRN ROAD PALM BEACH GARDENS FL 33418 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. ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete D, P, T, 5 TITLE GEIGER, JAMES NAME NAME 742 LAKESINE DRIVE 31 GLENCAIRN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 NOTETH PALM BOACH PC 33408 CITY-ST-7IP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Zip CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS* CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Soi - 662 - 9595

Daytime Phone #