

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT -**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M90735

1. Entity Name
TITAN MARKETING GROUP, INC.



Principal Place of Business
**2253 LARAMIE DRIVE
LAS CRUCES, NM 88011 US**

Mailing Address
**PO BOX 16197
LAS CRUCES, NM 88004 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2909047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

**DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BALLARD, GALEN O.
STREET ADDRESS	2253 LARAMIE DRIVE
CITY - ST - ZIP	LAS CRUCES, NM 88011
TITLE	VSD
NAME	BROOKS, MARYANN
STREET ADDRESS	2253 LARAMIE DRIVE
CITY - ST - ZIP	LAS CRUCES, NM 88011
TITLE	CD
NAME	MELLON, R. BRADFORD
STREET ADDRESS	#20 SURREY RIDGE
CITY - ST - ZIP	CASTLE ROCK, CO
TITLE	D
NAME	REID, JAMES D
STREET ADDRESS	2601 LAUDAU LANE
CITY - ST - ZIP	BOSSIER CITY, LA 71111
TITLE	D
NAME	GREGORY, DR. STEWART
STREET ADDRESS	629 ROCK SHADOW COURT
CITY - ST - ZIP	STONE MOUNTAIN, GA 30087
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GALEN O. BALLARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05
Date

505-522-0366
Daytime Phone #