

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90735

FILED
Jan 22, 2006
Secretary of State

Entity Name: TITAN MARKETING GROUP, INC.

Current Principal Place of Business:

2253 LARAMIE DRIVE
LAS CRUCES, NM 88011 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16197
LAS CRUCES, NM 88004 US

New Mailing Address:

FEI Number: 59-2909047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BALLARD, GALEN O.
Address: 2253 LARAMIE DRIVE
City-St-Zip: LAS CRUCES, NM 88011

Title: VSD () Delete
Name: BROOKS, MARYANN
Address: 2253 LARAMIE DRIVE
City-St-Zip: LAS CRUCES, NM 88011

Title: CD () Delete
Name: MELLON, R. BRADFORD,
Address: #20 SURREY RIDGE
City-St-Zip: CASTLE ROCK, CO

Title: D () Delete
Name: REID, JAMES D
Address: 2601 LAUDAU LANE
City-St-Zip: BOSSIER CITY, LA 71111

Title: D () Delete
Name: GREGORY, DR. STEWART
Address: 629 ROCK SHADOW COURT
City-St-Zip: STONE MOUNTAIN, GA 30087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REID, JAMES D
Address: 4010 S. BLUE RIVER COVE
City-St-Zip: HOMOSASSA, FL 34448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALEN O. BALLARD

PRES

01/22/2006

Electronic Signature of Signing Officer or Director

_____ Date