


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90089 019 ***158.75

DOCUMENT # M90735	
1. Entity Name TITAN MARKETING GROUP, INC.	

Principal Place of Business 2987 LONG BOW LOOP LAS CRUCES, NM 88011 US	Mailing Address PO BOX 16197 LAS CRUCES, NM 88004 US
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2. Principal Place of Business - No P.O. Box # 12 NEARFIELD COURT Suite, Apt. #, etc.	3. Mailing Address 2131 WOODRUFF ROAD Suite, Apt. #, etc. Suite 2100 #149
City & State GREENVILLE, SC	City & State GREENVILLE, SC
Zip 29615	Country GREENVILLE



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2909047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PTD BALLARD, GALEN O. 2987 LONG BOW LOOP LAS CRUCES, NM 88011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Nearfield Court Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BALLARD, MARYANN 2987 LONG BOW LOOP LAS CRUCES, NM 88011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Nearfield Court Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MELLON, R. BRADFORD #20 SURREY RIDGE CASTLE ROCK, CO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, JAMES D 4010 S. BLUE RIVER COVE HOMOSASSA, FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, DR. STEWART 629 ROCK SHADOW COURT STONE MOUNTAIN, GA 30087 <input type="checkbox"/> Delete	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

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:  **GALEN O. BALLARD** January 16, 2007 864-297-5667