2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N08000005714

Entity Name: LADY TITANS, INC.

Current Principal Place of Business:

5415 SUNSET WAY N
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

5415 SUNSET WAY N
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 26-2821737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COMBEE, GERRI
5415 SUNSET WAY N
LAKELAND, FL 33805 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, VICTOR
Address: 2338 GIBSONIA GALLOWAY RD
City-St-Zip: LAKELAND, FL 33810

Title: VP ( ) Delete
Name: CUMBEE, KEITH
Address: 5415 SUNSET WAY N
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete
Name: COMBEE, GERRI
Address: 5415 SUNSET WAY N
City-St-Zip: LAKELAND, FL 33805

Title: S ( ) Delete
Name: BROWN, RONALD
Address: 551 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: COMBEE, KEITH
Address: 5415 SUNSET WAY N
City-St-Zip: LAKELAND, FL 33805

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERRI COMBEE T 06/30/2009

Electronic Signature of Signing Officer or Director — Date