2008 FOR PROFIT CORPORATION

FILED May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P00000075131 TITAN DISTRIBUTION CENTER, INC. Mailing Address Principal Place of Business 7515 EXCHANGE DR. 7515 EXCHANGE DR. ORLANDO, FL 32809 ORLANDO, FL 32809 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3673265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCRARY, PEGGY N DO NOT WRITE 7515 EXCHANGE DR. ORLANDO, FL 32809 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000943216 TITLE ns/29/08-80049-018 150.00 MCCRARY, PEGGY N NAME STREET ADDRESS 7515 EXCHANGE DR. CITY-ST-ZIP ORLANDO, FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR

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