2008 FOR PROFIT CORPORATION

SIGNATURE:

Apr 01, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000024460** 1. Entity Name 04-01-2008 90010 016 ***150.00 TITLÉCO, INC. Principal Place of Business Mailing Address 3300 UNIVERSITY DR, STE 901 3300 UNIVERSITY DR, STE 901 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 CR2E034 (12/06) Chg-P City 8 Stat 10101 W. SAMPLE ROAD City & Sta10101 W. SAMPLE ROAD Applied For 4. FEI Number 65-1081005 Not Applicable CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDREL KONNOCK PONNOCK, ANDREW Street Address (P.O. Box Number is Not Acceptable) 10101 W. SAMPLE ROAD 3300 UNIVERSITY DR., STE 901 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 City Zip Code 8. The above named entity atement for the gureosa of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis NOREW SIGNATURE. Signatu . t printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE IGNUCK, ANDREW A. PONNOCK, ANDREW NAME NAME 10101 W. SAMPLE ROAD 3300 UNIVERSITY DR, #901 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this fund does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information it is told and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director movement for execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other libe empowered. 12. I hereby certify that the information suppli indicated on this report or supplemental of the corporation or the receiver or trus changed, or on an attachment with a same and the corporation of the corporation o

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED