

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000050776 1. Entity Name DRAGONFIRE INDUSTRIES, INC.	
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Principal Place of Business 4071 L.B. MCLEOD RD. SUITE A ORLANDO, FL 32811	Mailing Address 4071 L.B. MCLEOD RD. SUITE A ORLANDO, FL 32811
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01122006 No Chg-P CR2E034 (11/05)

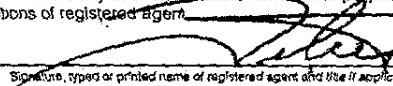
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715692	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TITUS, TIMOTHY A 4071 L.B. MCLEOD RD. SUITE A ORLANDO, FL 32811

**DO NOT WRITE
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.

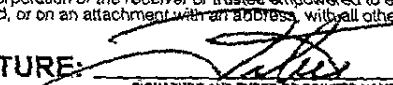
SIGNATURE  **1-16-06**
Signature, typed or printed name of registered agent and the fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000391368 01/24/06-80034-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TITUS, TIMOTHY A 4071 L.B. MCLEOD RD., SUITE A ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TITUS BELMORE, TAMMY L 4071 L.B. MCLEOD RD., SUITE A ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TITUS, DORIS C 4071 L.B. MCLEOD RD., SUITE A ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1-16-06 4079932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #