FILED
May 22, 2006 8:00 am
Secretary of State
05-22-2006 90043 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000117730

1. Entity Name
TITAN SECURITY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1427 CHAFFEE DR., STE. 5 TITUSVILLE, FL 32780	1427 CHAFFEE DR., STE. 5 TITUSVILLE, FL 32780

40000

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8850 GRISSOM PARKWAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE FL	City & State
Zip: 32780 / Country	Zip / Country

4. FEI Number: 02-0578596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURSTON, JOSEPH R
1427 CHATTEE DR
SUITE 5
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name: JOSEPH R. HURSTON
Street Address (P.O. Box Number is Not Acceptable): 8850 GRISSOM PARKWAY
City: TITUSVILLE FL Zip Code: 32780

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 ______________________
Signature, typed or printed name of registered agent and title 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURSTON, JOSEPH R 1427 CHAFFEE DR., #5 TITUSVILLE, FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH R. HURSTON 8850 GRISSOM PARKWAY TITUSVILLE FL 32780	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #