

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000121050
1. Entity Name
TITAN AIR, INC.



Principal Place of Business: 2139 PALM BEACH LAKES BLVD., WEST PALM BEACH, FL 33409
Mailing Address: 2139 PALM BEACH LAKES BLVD., WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number: 90-0023681 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDSTEIN, MARK B
2700 N. MILITARY TRAIL
SUITE 130
BOCA RATON, FL 33431

**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: _____ (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

100000509363
04/28/06-80041-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LLOYD, DONALD S
STREET ADDRESS	1835 S. OCEAN BLVD., UNIT A
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-12-06 561-686-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #