

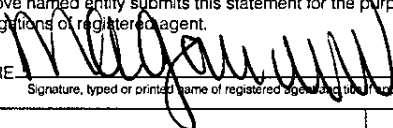
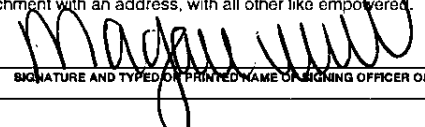


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90015 028 ***150.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P03000006086 1. Entity Name TITANIUM DESIGNERS, INC. | | | |  | |
| Principal Place of Business 282 WESTWARD DR MIAMI SPRINGS, FL 33166 | | | Mailing Address 282 WESTWARD DR MIAMI SPRINGS, FL 33166 | | |
| 2. Principal Place of Business 9865 Montague St Suite, Apt. #, etc. | | 3. Mailing Address 9865 Montague St Suite, Apt. #, etc. | |  | |
| City & State TAMPA, FL Zip 33626 Country USA | | City & State TAMPA Zip FL Country 33626/USA | | 4. FEI Number 65-1169548 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional-Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WEAVER, MAGALI 21270 BEAXFIELD LOOP ESTERO, FL 33928 | | | 7. Name and Address of New Registered Agent Name MAGALI WEAVER Street Address (P.O. Box Number is Not Acceptable) 9865 MONTAGUE ST City TAMPA FL Zip Code 3626 | | |
| 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  3/20/04 DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P WEAVER, MAGALI 282 WESTWARD DR MIAMI SPRINGS, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEAVER, MAGALI 9865 MONTAGUE ST TAMPA, FL 33626 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3/20/04 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |