, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2006 08:00 AM DOCUMENT #F03000006086 **Secretary of State** TITANIUM DESIGNERS, INC. Principal Place of Business Mailing Address 19263 FISHERMANS BEND DR. 19263 FISHERMANS BEND DR. LUTZ, FL 33558 LUTZ, FL 33558 02132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1169548 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEAVER, MAGALI DO NOT WRITE 19263 FISHERMANS BEND DR. LUTZ, FL 33558 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registeriod agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WEAVER, MAGALI NAME STREET ADDRESS 19263 FISHERMANS BEND DR. CITY-ST-ZIP LUTZ, FL 33558 TITLE H00000450244 NAME 93/09/06-80084-020 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THLE

12. I hereby certify that the information supplied with this filling 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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME
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