

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000012110

1. Entity Name
TITAN VENTURES INC.



Principal Place of Business

4700 W PROSPECT RD.
115
FORT LAUDERDALE, FL 33309

Mailing Address

4700 W PROSPECT RD.
115
FORT LAUDERDALE, FL 33309

FILED
Apr 30, 2007 08:00 AM
Secretary of State



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1870991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEFALL, JOSEPH
4700 W PROSPECT RD.
STE. 115
FORT LAUDERDALE, FL 33309

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITEFALL, JOSEPH
STREET ADDRESS	4700 W PROSPECT RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07-80072-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #