## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054545  1. Entity Name TITANIUM REALTY INVESTMENTS CORP.				06 JAN 13 PM 2: 03			
Principal Place of Business 10621 SW 88 STREET STE 204 MIAMI, FL 33176	Mailing Address 10621 SW 88 STREET STE 204 MIAMI, FL 33176			SEC. 1. STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business	3. Mailing Address		* 5.5				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		701122006 Ch	g-P	CR2E034 (11/05)	
City & State	City & State			4. FEI Number			pplied For
Zip Country	Zip	Country	/	5. Certificate of Statu	s Desired	\$8.75 Ad	ditional
6. Name and Address of Currer	nt Registered Agent	1 I		7. Name and Addres	s of New Re	<u></u>	
ZABALA, MAGDALENA 10621 SW 88 STREET STE 204 MIAMI, FL 33176		_		PALENA / PO Box Number is bot N. K. S. N. V.	n E	SIAS	dero /
SIGNATURE Sprature, hypother protection of registered ago.  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550	9. Election Campa	ign Financ		.00 May Be led to Fees		DATE	·····
10. OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFIC	CERS AND DIRECTOR	RS IN 11
TITLE P	Delete	TITLE	PME	•		• • • • • • • • • • • • • • • • • • • •	Addition
NAME ZABALA, MAGDALENA STREET ADORESS CITY-ST-ZIP MIAMI, FL 33176	14	NAME Street City-s	, , , ,	AGDALENI NKENDA	+ 111 DB	. MIAMI	48
TITLE V NAME MEJIAS, MONICA STREET ADDRESS 10621 SW 88 STREET STE 20 MIAMI, FL 33176	Schelete 14	TITLE NAME	ADDRESS			Change 14667 025 **15	Addition
TITLE T NAME MEJIAS, MAGDALENA STREET ADDRESS CITY-ST-ZP MIAMI, FL 33176	Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI, FL 33176	Delete	THE NAME STREET CITY-S	TADORESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Name Street City-s	i adoress st-zip			☐ Change	☐ Addition
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	T ADORESS ST - ZIP			☐ Change	☐ Addition
12. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an attachment with an address	t is true and accurate and that in powered to execute this report	my signatu t as require t.	ire shall have the ed by Chapter 60	same legal effect as if m	ade under o	ath; that I am an office	er or director
SIGNATURE: Magde	REPERTED NAME OF SIGNING OFFICER		I CO J	De	te .	Daytime Phone #	<del></del>