## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000058673

Entity Name: TITANIUM FINANCIAL SERVICES CORP

FILED Jan 18, 2007 Secretary of State

y		WITH WAR TO INC.					
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
P.O. BOX 142 ISLAND LAKE, IL 60042				11554 TAMIAMI TRAIL E NAPLES, FL 34113			
Current M	lailing Addres	ss:	New Mailin	New Mailing Address:			
P.O. BOX 142 ISLAND LAKE, IL 60042				PO BOX 990067 NAPLES, FL 34116			
FEI Number	: 20-4758270	FEI Number Applied For ( )	FEI Number Not Applie	cable ( )	Certificate of Status D	esired ( )	
Name and	Address of C	Current Registered Agent	Name and	Address of Ne	w Registered Age	ent:	
4123 SE 1	REGORYL 0TH CT. RAL, FL 3390-	4 US					
	named entity : e of Florida.	submits this statement for t	ne purpose of changing its	s registered off	ce or registered ag	ent, or both,	
SIGNATU	RE:						
Election Car		nic Signature of Registered g Trust Fund Contribution ( ).	Agent		Date		
		. ,	ADDITION	CIOUANOES T	O OFFICERS AND	NODECTORS	
OFFICERS AND DIRECTORS:			ADDITIONS	S/CHANGES I	O OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( ) GRIER, GREGO 4123 SE 10TH CAPE CORAL,	СТ.	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ST () FERGUSON, TI 4123 SE 10TH CAPE CORAL,	CT.	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( ) PALMER-GRIE PO BOX 142 ISLAND LAKE,		Title: Name: Address: City-St-Zip:	D (X) C PALMER-GRIER, PO BOX 990067 NAPLES, FL 341			
Title: Name: Address:	D ( ) FERGUSON, C 4123 SE 10TH		Title: Name: Address:	( ) (	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TRISHA FERGUSON ST 01/18/2007

CAPE CORAL, FL 33904

City-St-Zip: