

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125971

Entity Name: TITAN FRANCHISING, INC.

FILED
May 22, 2008
Secretary of State

Current Principal Place of Business:

478 SOUTHRIDGE RD
CLERMONT, FL 34711 US

New Principal Place of Business:

8849 LATREC AVE
SUITE 310, APT# 4
ORLANDO, FL 32819 US

Current Mailing Address:

478 SOUTHRIDGE RD
CLERMONT, FL 34711 US

New Mailing Address:

8849 LATREC AVE
SUITE 310, APT# 4
ORLANDO, FL 32819 US

FEI Number: 20-5646336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABIB, BOBBY
478 SOUTHRIDGE RD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

HABIB, IMTIAZ
8849 LATREC AVE
SUITE 310, APT#4
ORLANDO, FL 32819 US

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.

SIGNATURE: IMTIAZ HABIB

05/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HABIB, BOBBY
Address: 478 SOUTHRIDGE RD
City-St-Zip: CLERMONT, FL 34711 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HABIB, IMTIAZ
Address: 8849 LATREC AVE, SUITE310, APT#4
City-St-Zip: ORLANDO, FL 32819 US

Title: VP () Change (X) Addition
Name: PAPADOGAMBROS, GEORGE
Address: 8849 LATREC AVE, SUITE310, APT#4
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: IMTIAZ HABIB

PD

05/22/2008

Electronic Signature of Signing Officer or Director

Date