2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10746

Entity Name: TITANIUM NEBRASKA COMPANY

FILED May 09, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4518 SOUT OMAHA, NI	TH 133RD ST E 68137 L	JS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX 49 OMAHA, NI	5777 E 68145777	US	4518 S 133RD ST OMAHA, NE 68137	US	
FEI Number:	47-0535774	FEI Number Applied For ()	l Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State					
SIGNATUR		nic Signature of Registered Agent		 Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D (X MCVEY, JOHN 3116 ARMBRU OMAHA, NE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X MCVEY, WILLI 18935 E. PICA RIO VERDE, A	CHO ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (MCVEY, KERR 737 N 163RD OMAHA, NE 68	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MCVEY, THOM 117 RIDGEWO DAVENPORT, I	IAS L OOD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X GAMM, JEFFR 29 GINGER WO VALLEY, NE 6	OODS ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TVFD (THORNQUIST, 1855 S 110TH OMAHA, NE 68	ST	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: BRENT S THORNQUIST TVFD 05/09/2006