


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90181 021 ***150.00

DOCUMENT # P94000038160			
1. Entity Name TITAN CORPORATE CONSULTANTS, INC.			
Principal Place of Business 668 FERGUSON LANE WEST PALM BEACH, FL 33415		Mailing Address PO BOX 397 PORT SALERNO, FL 34992	
2. Principal Place of Business 123 FARM LANE		3. Mailing Address P.O. BOX 8028	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEBRING FLORIDA		City & State SEBRING FI	
Zip 33872	Country	Zip 33872	Country
6. Name and Address of Current Registered Agent SIMMONS, THOMAS V 668 FERGUSON LANE WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 123 FARM LANE City SEBRING FL Zip Code 33872	
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 <u>Thomas V. Simmons</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2 MAR 06</u>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIMMONS, THOMAS VICTOR 668 FERGUSON LN WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Simmons, Thomas Victor 123 FARM LANE SEBRING, FI 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCAS, TOM P O BOX 16546 N/A WEST PALM BEACH, FL 33416 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas V. Simmons</u>		Date <u>2 MAR 06</u> Daytime Phone # <u>872-919-8046</u>	