
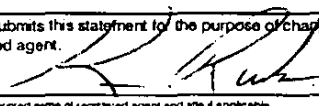
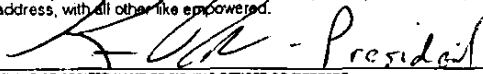


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

07-25-2006 90023 013 ***150.00

DOCUMENT # P95000095890			
1. Entity Name TITANIC BREWING COMPANY, INC.			
Principal Place of Business 5813 PONCE DE LEON BLVD CORAL GABLES, FL 33146 US		Mailing Address 5813 PONCE DE LEON BLVD CORAL GABLES, FL 33146 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSK, KEVIN D 2431 TRAPP AVE MIAMI, FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		DATE: 8/7/06	
SIGNATURE, typed or printed name of registered agent and state if applicable		(NOTE: Registered Agent signature required when reappointing)	
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	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSK, KEVIN D	NAME	
STREET ADDRESS	5813 PONCE DE LEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
TITLE	V	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSK, MICHAEL	NAME	V RUSK, KEVIN D
STREET ADDRESS	5813 PONCE DE LEON BLVD	STREET ADDRESS	5813 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DR. STEPHEN	NAME	
STREET ADDRESS	27350 RIDGE LAKE CT	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 33923	CITY-ST-ZIP	
TITLE	CT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERMAN, GARY	NAME	
STREET ADDRESS	13948 FLETCHER MILL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  - President		DATE: 8/7/06 305-668-1742	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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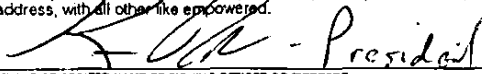


06302006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0645958 Applied For Not Applicable

5. Certificate of Status Desired. \$8.75 Additional Fee Required

8/7/06

 - President

8/7/06 305-668-1742