2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P96000102063 1. Entity Name 04-18-2006 90082 025 ***150.00 TITAN 474, INC. Principal Place of Business Mailing Address 2281 LEE ROAD, SUITE 204 WINTER PARK FL 32789 2281 LEE ROAD, SUITE 204 SUITE 103 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FFt Number Applied For 59-3420781 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIETKIEWICZ, STANLEY T Street Address (P.O. Box Number is Not Acceptable) 2281 LEE ROAD SUITE 103 WINTER PARK FL 32789 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIETKIEWICZ, STANLEY T NAME NAME STREET ADDRESS STREET ADDRESS 2281 LEE ROAD, SUITE 204 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL VPS Delete ☐ Change ☐ Addition TITLE TITLE NAME AVERY, DELBERT W NAME STREET ADDRESS 2281 LEE ROAD, SUITE 204 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP Delete ☐ Addition TITLE TITLE secrist, Robert L III. 2281 Lee Road, Suite 204 SECRIST, ROBERT I. III. NAME STREET ADDRESS 2281 LEE ROAD, SUITE 204 STREET ADDRESS Winter Park, FL CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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-pther like empowered.

SIGNATURE:

FILED