2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

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TURE AND TYPED OR PRINTED NAME

SIGNATURE:

Jan 12, 2005 08:00 AM **Secretary of State** DOCUMENT # P96000103004 JACK I. TITEN & ASSOCIATES, INC. Principal Place of Business Mailing Address 7 ESCONDIDO CIRCLE 7 ESCONDIDO CIRCLE UNIT 66 UNIT 66 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3420482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent TITEN, JACK I DO NOT WRITE 7 ESCONDIDO CIRCLE **UNIT 66** IN THIS SPACE ALTAMONTE SPRINGS, FL 32701 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 fille if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME TITEN, JACK I 7 ESCONDIDO CIRCLE, UNIT 66 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 U00000178773 01/12/05-80043-006 150.00 D TITLE TITEN, DOLORES NAME 7 ESCONDIDO CIRCLE, UNIT 66 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED