

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072070

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: TITAN CAPITAL MANAGEMENT, INC.

**Current Principal Place of Business:**

7003 GREEN TREE DR.  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

7003 GREEN TREE DR.  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 58-2345192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, F. EDWARD  
821 5TH AVE., S., STE. 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVST ( ) Delete  
Name: JOHNSON-FOGG, MICHAEL  
Address: 7003 GREEN TREE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: DP ( ) Delete  
Name: JOHNSON-FOGG, ROSALIE  
Address: 7003 GREEN TREE DRIVE  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL JOHNSON-FOGG

MR

03/28/2007

Electronic Signature of Signing Officer or Director

Date