FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State P99000008148 **DOCUMENT #** 1. Entity Name Titan Constructors, Inc. 05-18-2001 91240 008 ***150.00 Principal Place of Business 4625 Old Winter Garden Rd. 4625 Old Winter Garden Rd. Suite B-2 Suite B2 A0062693 Orlando, Fl 32811 Orlando, Fl 32811 2. Principal Place of Business 3. Mailing Address as Old Winter harden K 4625 old WinterGarden Rd Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For lando ando 52-2142969 Not Applicable Quntry ^{Zip} 3281 Country \$8.75 Additional 5. Certificate of Status Desired Urange Uranae Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wiegand t. Grabosk Carol oregori Street Address (P.D. Box Number is Not Acceptable) Hidden Meadow War 1434 34787-5234 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Hesiden+ TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (11/00 D. Cameron Oregon street NAME NAME Jame, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 mose empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with SIGNATURE:

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