

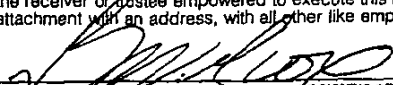


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2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P990000054091			
1. Entity Name TITAN COMMUNICATIONS, INC.			
Principal Place of Business 7006 ATLANTIC BLVD JACKSONVILLE FL 32211		Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211	
2. Principal Place of Business 7006 ATLANTIC BLVD Suite, Apt. #, etc.		3. Mailing Address 7006 ATLANTIC BLVD Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL 32211-8706	
Zip 322118706	Country Duval	Zip 322118706	Country Duval
4. FEI Number 59-3586457		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIAN WILCOX 7006 ATLANTIC BLVD. JACKSONVILLE FL. 32211-8706		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT NAME STREET ADDRESS CITY-ST-ZIP	BRIAN WILCOX 5403 SOUTHBEND CIR JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080360836 10/02/06--01042--008 **150.00
TITLE DVPS NAME STREET ADDRESS CITY-ST-ZIP	ROBYNE WILCOX 5403 SOUTHBEND CIR JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081871444 11/16/06--01019--028 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.			
SIGNATURE: 		7/29/06 904-725-2406	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brian Wilcox		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06



1st MOORE CR2E034 (10/05) 05-06

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September 29, 2006

Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL. 32314

Please except my check for \$150.00 for my annual report renewal. I did not receive my renewal form in the mail. Please waiver the penalties. Enclosed is my check and a form which I requested from you.

Thank you for your consideration.

Sincerely,

Robyne Wilcox
Robyne Wilcox, VP