\*2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 07, 2006 08:00 AN DOCUMENT # P99000057274 **Secretary of State** TITAN TAPE AND REEL, INC. Principal Place of Business Mailing Address 5088 THYME DRIVE 5088 THYME DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0929202 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, RALPH G Street Address (P.O. Box Number is Not Acceptable) 5088 THYME DRIVE PALM BEACH GARDENS FL 33418 City 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 talle if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 5: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete THLE ☐ Change ☐ Additi NAME MITCHELL, RALPH G MAME 5088 THYME DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Addilir ☐ Delete THLE TITLE NA) Æ MITCHELL, CAROL A HAME STREET ADDRESS STREET ADDRESS 5088 THYME DRIVE CITY-ST-ZIP CITY-ST-28P PALM BEACH GARDENS FL 33418 101002208 DAGS ☐ Delete Table 1111 F MALIF HAME MITCHELL, CARYN B STREET ADDRESS STREET ADDRESS 5088 THYME DRIVE -1009063796 CITY-ST-ZIP CHTY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Defete TITLE Addition TITLE MITCHELL, RALPH G JR MAME MAME U00000424702 STREET ADDRESS 33 BAYSTATE ROAD STREET ADDRESS 02/18/06-80063-003 1S0.00 LYNNFIELD MA 01940 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Admin NAME MAME STREFT ADDRESS STREET ADDRESS CHY-ST-78P CITY-ST-ZIP THIF Delete TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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 direction file comporation or the regiever or fustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MOTHELL 2-3-06 561-622-5840