

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2007
Secretary of State**

DOCUMENT# F02000003497

Entity Name: TOTAL TOOL SUPPLY, INC.

Current Principal Place of Business:

315 N PIERCE STREET
ST PAUL, MN 55104

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4069
ST PAUL, MN 55104

New Mailing Address:

FEI Number: 41-1292260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JORDAN, R DOUGLAS
Address: 315 N PIERCE STREET
City-St-Zip: ST PAUL, MN 55104

Title: T () Delete
Name: RICHARDSON, SCOTT
Address: 315 N PIERCE STREET
City-St-Zip: ST PAUL, MN 55104

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 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: SCOTT T. RICHARDSON

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07/03/2007

Electronic Signature of Signing Officer or Director

_____ Date