

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54786

Entity Name: TOTAL ADVISORS, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

6139 GREATWATER DRIVE
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560364
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-2776595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARRAUX, ALAN R MD
60 WEST COLUMBIA STREET
STE. F
ORLANDO, FL 32806 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: DP () Delete
Name: VARRAUX, ALAN M.D.
Address: 6139 GREATWATER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: VARRAUX, LORRAINE
Address: 6139 GREATWATER DR
City-St-Zip: WINDERMERE, FL 34786

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: ALAN R. VARRAUX

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date