


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000088870**  
 1. Entity Name  
**TOTAL MARKETING RESOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
**9225 BAY PLAZA BLV**      **9225 BAY PLAZA BLV**  
**SUITE 401**      **SUITE 401**  
**TAMPA, FL 33584**      **TAMPA, FL 33584**

**DO NOT WRITE IN THIS SPACE**



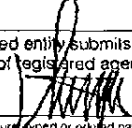
02062006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-1573180</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LANSKY, GLEN R**  
**LANSKY & COURTNEY, P.L.**  
**137 SOUTH PARSONS AVENUE**  
**BRADENTON, FL 33511**

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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:  **THOMAS M FOMON**      **4/14/06**  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when resigning)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

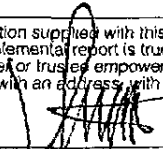
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOMON, THOMAS
STREET ADDRESS	908 BUNKER VIEW DRIVE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/25/06-80003-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **PRESIDENT**      **4/14/06**      **813-626-1953**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #