

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003964

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: TOTAL ENERGY CONCEPTS, INC.

## Current Principal Place of Business:

1215 WASHINGTON AVENUE SOUTH  
DETROIT LAKES, MN 56502

## New Principal Place of Business:

1215 WASHINGTON AVENUE SOUTH  
DETROIT LAKES, MN 56501 US

## Current Mailing Address:

1215 WASHINGTON AVENUE SOUTH  
DETROIT LAKES, MN 56502

## New Mailing Address:

1215 WASHINGTON AVENUE SOUTH  
PO BOX 663  
DETROIT LAKES, MN 56502 US

FEI Number: 20-4272606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAIN, CHARLES  
9978 COLONIAL WALK NORTH  
ESTERO, FL 33925 US

## Name and Address of New Registered Agent:

BAIN, CHARLES  
9978 COLONIAL WALK NORTH  
ESTERO, FL 33928 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: OVERVOLD, DOUGLAS C  
Address: 4020 SPRUCE ROAD  
City-St-Zip: MINNETRISTA, MN 55375

Title: VP ( ) Delete  
Name: SMITH, DAMIAN  
Address: 7329 NIEMI CIRCLE  
City-St-Zip: NISSWA, MN 56468

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: OVERVOLD, DOUGLAS C  
Address: 3420 COUNTY ROAD 44  
City-St-Zip: MINNETRISTA, MN 55364

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: LOLA SORENSEN

CAO

04/20/2009

Electronic Signature of Signing Officer or Director

Date