

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005199

FILED
Mar 26, 2008
Secretary of State

Entity Name: TOTAL PROGRAM MANAGEMENT, INC.

Current Principal Place of Business:

80 ORVILLE DRIVE
SUITE 100
BOHEMIA, NY 11716

New Principal Place of Business:

Current Mailing Address:

80 ORVILLE DRIVE
SUITE 100
BOHEMIA, NY 11716

New Mailing Address:

FEI Number: 20-2707992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQUIRE
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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: PD () Delete
Name: FOY, CHRISTOPHER H
Address: 80 ORVILLE DRIVE, SUITE 100
City-St-Zip: BOHEMIA, NY 11716

Title: C () Delete
Name: VAN BEURDEN, WILLIAM J
Address: 1600 DRAPER STREET
City-St-Zip: KINGSBURG, CA 93631

Title: S () Delete
Name: WIGH, STEVEN C
Address: 4270 W RICHERT, SUITE 101
City-St-Zip: FRESNO, CA 93722

Title: VPD () Delete
Name: MCINTOSH, ROBERT M
Address: 515 N CABRILLO PARK DR, SUITE 306
City-St-Zip: SANTA ANA, CA 92701

Title: CFO () Delete
Name: CULLEN, LAURA M
Address: 4270 W RICHERT, SUITE 101
City-St-Zip: FRESNO, CA 93722

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MCINTOSH, ROBERT M
Address: 515 N CABRILLO PARK DR, SUITE 102
City-St-Zip: SANTA ANA, CA 92701

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: LAURA M. CULLEN

CFO

03/26/2008

Electronic Signature of Signing Officer or Director

Date