

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08336

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** TOTAL QUALITY MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

% MICHAEL ROBERTS KELLY  
ONE OLD MEADOW WAY  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

% MICHAEL ROBERTS KELLY  
ONE OLD MEADOW WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 65-0141485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, MICHAEL R PRES  
ONE OLD MEADOW WAY  
PALM BEACH GARDENS, FL 33418 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  
**Name:** KELLY, MICHAEL R  
**Address:** ONE OLD MEADOW WAY  
**City-St-Zip:** PALM BEACH GRDNS, FL 33418

**Title:** ST  
**Name:** KELLY, JEAN  
**Address:** ONE OLD MEADOW WAY  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL R. KELLY

DP

04/16/2010

Electronic Signature of Signing Officer or Director

Date