

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L09897

FILED
May 30, 2007
Secretary of State

Entity Name: TOTAL PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

26721 RED FARM RD.
MT.DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

26721 RED FARM RD.
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: 65-0137338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTFRAIND, KIPP PD
26721 RED FARM RD.
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

GOTFRAIND, KIPP H PD
26721 RED FARM RD.
MT. DORA, FL 32757 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: KIPP H GOTFRAIND

05/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GOTFRAIND, MICHELE
Address: 26721 RED FARM RD.
City-St-Zip: MT.DORA, FL 32757 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOTFRAIND, KIPP H PD
Address: 26721 RED FARM RD.
City-St-Zip: MT.DORA, FL 32757 US

Title: VP () Change (X) Addition
Name: GOTFRAIND, MICHELE L VP
Address: 26721 RED FARM RD.
City-St-Zip: MT. DORA, FL 32757 US

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: KIPP H GOTFRAIND

PD

05/30/2007

Electronic Signature of Signing Officer or Director

Date