

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


07-05-2005 90113 047 \*\*\*150.00

M64879

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # M64879</b>					
1. Entity Name <b>TOTAL QUALITY MANAGEMENT, INC.</b>					
Principal Place of Business <b>3216 STONEYBROOK LN. TAMPA, FL 33618 US</b>			Mailing Address <b>3216 STONEYBROOK LN. TAMPA, FL 33618 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2862428</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CONTER, C. MICHAEL 201 E. KENNEDY BLVD. SUITE 1400 TAMPA, FL 33602</b>			Name <b>Noreen Kochler</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3216 Stoneybrook LN</b>		
			City <b>Tampa</b>		
			FL Zip Code <b>33618</b>		
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 <i>Noreen Kochler</i> DATE <b>07/01/05</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KOEHLER, NOREEN 3216 STONEYBROOK LN. TAMPA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Noreen Kochler</i> DPT. <b>07/01/05 (813) 960-5065</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>NOREEN KOEHLER</b>					