

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90211 046 ****61.25

DOCUMENT # N02000007599						
1. Entity Name TOTAL RESTORATION TRANSFORMATION CENTER, INC.						
Principal Place of Business 5130 CLARION HAMMOCK DR ORLANDO, FL 32808			Mailing Address 5130 CLARION HAMMOCK DR ORLANDO, FL 32808			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04242006 Chg-NP CR2E037 (11/05)		
4. FEI Number 22-3876731				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, BRIDGETT 5130 CLARION HAMMOCK DR ORLANDO, FL 32808			7. Name and Address of New Registered Agent			
			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
		Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME STROPOLI, JAMES		<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Bridgett Davis	
STREET ADDRESS 133 BEACET LANE	CITY-ST-ZIP HEATHROW, FL 32746		<input type="checkbox"/> Change	STREET ADDRESS 5130 Clarion Hammock Dr	CITY-ST-ZIP Orlando FL 32808	
TITLE DS	NAME RAHILL, JANICE		<input type="checkbox"/> Delete	TITLE D	NAME Ken Tassey	
STREET ADDRESS 7215 MAILLERST	CITY-ST-ZIP ORLANDO, FL 32818		<input type="checkbox"/> Change	STREET ADDRESS 1834 Gadsden Blvd	CITY-ST-ZIP Orlando FL 32812	
TITLE DT	NAME SIMMONS, ANNIE		<input type="checkbox"/> Delete	TITLE DV	NAME Sharon Minkler	
STREET ADDRESS 3909 SIGNAL HILL RD	CITY-ST-ZIP ORLANDO, FL 32808		<input type="checkbox"/> Change	STREET ADDRESS 818 E Concord St	CITY-ST-ZIP Orlando FL 32803	
TITLE DP	NAME MINKLER, SHARON		<input type="checkbox"/> Delete	TITLE DP	NAME Bridgett Davis	
STREET ADDRESS 818 E CONCORD ST	CITY-ST-ZIP ORLANDO, FL 32803		<input type="checkbox"/> Change	STREET ADDRESS 5130 Clarion Hammock Dr	CITY-ST-ZIP Orlando FL 32808	
TITLE D	NAME STRUPOLI, JAMES		<input checked="" type="checkbox"/> Delete	TITLE D	NAME LOYD, ANDREW	
STREET ADDRESS 128 FIG TREE RUN	CITY-ST-ZIP LONGWOOD, FL 32750		<input type="checkbox"/> Change	STREET ADDRESS 661 LANCASTER RD	CITY-ST-ZIP ORLANDO, FL 32809	
TITLE D	NAME LOYD, ANDREW		<input type="checkbox"/> Delete	TITLE D	NAME LOYD, ANDREW	
STREET ADDRESS 661 LANCASTER RD	CITY-ST-ZIP ORLANDO, FL 32809		<input type="checkbox"/> Change	STREET ADDRESS 661 LANCASTER RD	CITY-ST-ZIP ORLANDO, FL 32809	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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>Bridgett Davis</i>				4-25-06 407-518-4750		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		