2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000022745

1. Entity Name



FILED Apr 19, 2004 8:00 am Secretary of State

TOTALC	LEANING ALL SERVICES,	INC.				90293 026 ***150			
Principal Place of Business 736 SANDY POINT LANE NORTH PALM BEACH, FL 33410		Mailing Address 736 SANDY POINT LANE NORTH PALM BEACH, FL 33410							
Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		041420	04 Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI NU 36-4	mber 348305		pplied For ot Applicable		
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	□ \$8.75 Ad Fee Require			
	6. Name and Address of Current		7. Name	and Address of New I	Registered Agent				
.:DIGI:ORIA	, VIRGINIA -	Name							
3009 EXC	HANGE CT.	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
W. PALM I	BCH, FL 33409	NINTER ONLY BOACH FL 33410							
			City	(* ##(V ())	Era Pa	FL Zip Coo	le		
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. 1 am familiar with, and accept									
the obligations of registered agent.									
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0			\$5.00 May Be Added to Fees		-			
10.	, OFFICERS AND	DIRECTORS TO THE TOTAL OF THE	*11. · · · · · ·	- ADDITIC	NS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11		
ΠĪĒ	D Signature	□Z Delete	TITLE			Change	☐ Addition		
NAME STREET ADDRESS	DIGLORIA, VIRGINIA 3009 EXCHANGE CT.		NAME STREET ADDRESS		A I VILGIUIA	0			
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19 Thereby	cartify that the information supplied with	thin filing doop not qualify for t	no avamption state	d in Costion 110 A	7/9Vi\ Elorido Statuton	I further certify that the	intermetics		

I nereby certify that the information supplied with this liting 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 onth; 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: Ver	jena O Flava	VIRGINIA DIGIORIA

7,4-0,28