


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000042892</b> 1. Entity Name TOTALIDEAS.COM, INC.	
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Principal Place of Business 2580 N. POWERLINE RD., STE. 601 POMPANO BEACH, FL 33069	Mailing Address 2580 N. POWERLINE RD. SUITE 601 POMPANO BEACH, FL 33069
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01162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1003223	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  BEERS, RODD E 2580 N. POWERLINE ROAD SUITE 601 POMPANO BEACH, FL 33069
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000197781 01/27/05-80024-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BEERS, RODD E 2580 N. POWERLINE RD - SUITE 601 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RASCOE, JAMES W 2580 N. POWERLINE RD-SUITE 601 POMPANO BEACH, FL 33069
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **DATE:** 1/27/05 **DAYTIME PHONE #:** 954 967 5622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR