2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P00000096309

Entity Name: TOTAL QUALITY SOLUTIONS, INC.

Current Principal Place of Business:

3030 N ROCKY PT DR W
770
TAMPA, FL 33607

New Principal Place of Business:

9817 BAY ISLAND DRIVE
TAMPA, FL 3615

Current Mailing Address:

3030 N ROCKY PT DR W
770
TAMPA, FL 33607

New Mailing Address:

9817 BAY ISLAND DRIVE
TAMPA, FL 33615

FEI Number: 59-3686543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENZEL, STEVEN
633 N FRANKLIN ST, STE 500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WALLIS, WINSTON
9817 BAY ISLAND DRIVE
TAMPA, FL 33615 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: WINSTON WALLIS 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALLIS, WINSTON
Address: 3030 N ROCKY PT DR W
City-St-Zip: TAMPA, FL 33607

Title: VPD (X) Delete
Name: ADWELL, STANLEY
Address: 3030 N ROCKY PT DR W
City-St-Zip: TAMPA, FL 33607

Title: SD (X) Delete
Name: WENZEL, STEVEN
Address: 3030 N ROCKY PT DR W
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WALLIS, WINSTON
Address: 9817 BAY ISLAND DRIVE
City-St-Zip: TAMPA, FL 33615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WINSTON WALLIS PD 04/26/2004
Electronic Signature of Signing Officer or Director Date