2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000006593

P.O. BOX 296

TAVARES, FL 32778

Address:

City-St-Zip:

Entity Name: TOTAL HOUSING CONTROL, INC.

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11541 LANE PARK RD 11312 DEAD RIVER RD TAVARES, FL 32778 TAVARES, FL 32778 **Current Mailing Address: New Mailing Address:** P.O. BOX 296 TAVARES, FL 32778 FEI Number: 59-3694087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYETTE, WADE 1380 GRAND HWY STE 200 CLERMONT, FL 34711 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: WADE BOYETTE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOLDER, JUSTIN Name: Name: P.O. BOX 296 Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HOLDER, CASEY 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 Chapter 119, 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: CASEY HOLDER D 03/28/2006