

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035736

Entity Name: TOTAL M.I.S., INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

8649 NORTH HIMES AVENUE
SUITE 1513
TAMPA, FL 33614 US

New Principal Place of Business:

23110 SR 54
346
LUTZ, FL 33549 US

Current Mailing Address:

8649 NORTH HIMES AVENUE
SUITE 1513
TAMPA, FL 33614 US

New Mailing Address:

23110 SR 54
346
LUTZ, FL 33549 US

FEI Number: 59-3710444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUSTY, EDWIN A
8649 NORTH HIMES AVENUE
SUITE 1513
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

MCGUSTY, EDWIN A
4509 ROUNDVIEW CT
LAND O' LAKES, FL 34639 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MCGUSTY, EDWIN A
Address: 8649 NORTH HIMES AVENUE SUITE 1513
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MCGUSTY, EDWIN A
Address: 4509 ROUNDVIEW CT
City-St-Zip: LAND O' LAKES, FL 34639

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: EDWIN A MCGUSTY

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date