

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071372

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: TOTAL ONLINE SOLUTIONS, INC.

**Current Principal Place of Business:**

15 PARADISE PLAZA  
SUITE 241  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

15 PARADISE PLAZA  
SUITE 241  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 65-1127418      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHNEN, STEPHEN D  
2973 WOODPINE CIRCLE  
SARASOTA, FL 34231      US

**Name and Address of New Registered Agent:**

AHNEN, STEPHEN D  
4380 IOLA DRIVE  
SARASOTA, FL 34231      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: \_\_\_\_\_ 03/11/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: AHNEN, STEPHEN D  
Address: 2973 WOODPINE CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: AHNEN, AMY R  
Address: 2973 WOOD PINE CIRCLE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: AHNEN, STEPHEN D  
Address: 4380 IOLA DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: VP (X) Change ( ) Addition  
Name: AHNEN, AMY R  
Address: 4380 IOLA DRIVE  
City-St-Zip: SARASOTA, FL 34231

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: AMY R. AHNEN      VP      03/11/2005  
Electronic Signature of Signing Officer or Director      Date