2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088547

Name:

Address:

City-St-Zip:

MORROW, JEANNE H

ASTOR, FL 32102 US

1820 ORMANDS JUNGLE DEN RD, LOT 96

Entity Name: TOTAL PROPERTY SOLUTIONS INC.

FILED May 01, 2005 Secretary of State

| Littly Nai | ile. TOTAL | L FROFERTT SOLUT | IONS INC. | | | | | |
|---|------------------|---|---------------------|--|-------------------------|----------------------|------------------|---------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 1820 ORM LOT 96 | ANDS JUN | GLE DEN RD | | | | | | |
| ASTOR, F | L 32102 | US | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| PO BOX 6: ASTOR, F | | US | | | | | | |
| FEI Number: | 65-1151347 | FEI Number Applie | d For () FEI Nu | ımber Not Appl | icable () | Certifica | ate of Status De | sired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| 1820 ORM LOT 96 ASTOR, F The above | L 32102 U | GLE DEN RD | ent for the purpose | of changing it | ts registered | office or ı | registered age | ent, or both, |
| SIGNATUR | | | | | | | | |
| | Elect | ronic Signature of Reg | jistered Agent | | | | Date | |
| | | 7.193(2)(b), F.S., the corpo cing Trust Fund Contribu | | the prior notic | е. | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | | () Delete CHARLES B NDS JUNGLE DEN RD, LO 32102 US | DT 96 | Title: Name: Address: City-St-Zip: | , | () Change | () Addition | |
| Title: Name: Address: | | AND'S JUNGLE DEN RD, L | OT 95 | Title: Name: Address: | MORROW, T 18196 ACKE | RÁCEY M RMAN AVE. | () Addition | |
| City-St-Zip: | ASTOR, FL STD | () Delete | | City-St-Zip: Title: | PORT CHAR | OTTE, FL | | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEANNE H. MORROW STD 05/01/2005