2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🗸

Jan 18, 2005 8:00 am Secretary of State DOCUMENT # P02000036579 1. Entity Name 01-18-2005 90109 039 ***150.00 TOTAL COMMERCIAL CAPITAL CORP. Principal Place of Business Mailing Address 17415 S. DIXIE HWY. 17415 S. DIXIE HWY. PALMETTO BAY, FL 33157 PALMETTO BAY, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0667357 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUDOVICI, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 17415 S. DIXIE HWY. PALMETTO BAY, FL 33157 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUDOVICI, EDWARD P NAME NAME STREET ADDRESS 17415 S. DIXIE HWY. STREET ADDRESS CITY-ST-7IP PALMETTO BAY, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SALUJA, ARJUN NAME NAME STREET ADDRESS 9000 SW 152ND ST., STE. 206 STREET ADDRESS CITY-ST-ZIP PALMETTO BAY, FL 33157 CITY-ST-ZIP TITLE Deleta TITLE . 🔲 . Change . 💷 🔲 Addition . NAME LUDOVICI, SUSAN M NAME STREET ADDRESS 17415 S. DIXIE HWY. STREET ADDRESS CITY-ST-ZIE PALMETTO BAY, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SALUJA, LISA NAME NAME 9000 SW 152ND ST., STE. 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO BAY, FL 33157 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver distance in Block 10 or Block 11 if

EDWARD P. LUDOVICI

01/13/05

305-235-8720

FILED