2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# P03000083241

Entity Name: TOTAL SOURCE MAINTENANCE, INCORPORATED

Current Principal Place of Business:

14409 BLACK CYPRESS LANE
TAMPA, FL 336253238

New Principal Place of Business:

5709 EAST BROADWAY AVENUE
TAMPA, FL 336192811

Current Mailing Address:

14409 BLACK CYPRESS LANE
TAMPA, FL 336253238

New Mailing Address:

6518 THOROUGHBRED LOOP
ODESSA, FL 335561859

FEI Number: 20-0129298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAIER, JOHN M
14409 BLACK CYPRESS LANE
TAMPA, FL 336253238 US

Name and Address of New Registered Agent:

MAIER, JOHN M
6518 THOROUGHBRED LOOP
ODESSA, FL 335561859 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: 03/17/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAIER, JOHN M
Address: 14409 BLACK CYPRESS LANE
City-St-Zip: TAMPA, FL 336253238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAIER, JOHN M
Address: 6518 THOROUGHBRED LOOP
City-St-Zip: ODESSA, FL 335561859

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: JOHN M. MAIER PRES 03/17/2005
Electronic Signature of Signing Officer or Director — Date