2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P03000083241

Entity Name: TOTAL SOURCE TREE SERVICE, INCORPORATED

Current Principal Place of Business:

208 E TERRACE DR
PLANT CITY, FL 33565

New Principal Place of Business:

6518 THOROUGHBRED LOOP
ODESSA, FL 33556

Current Mailing Address:

6518 THOROUGHBRED LOOP
ODESSA, FL 335561859

New Mailing Address:

6518 THOROUGHBRED LOOP
ODESSA, FL 33556

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
6518 THOROUGHBRED LOOP
ODESSA, FL 335561859 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MAIER, ROBERTA
Address: 6518 THOROUGHBRED LOOP
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERTA MAIER VP 02/23/2009

Electronic Signature of Signing Officer or Director — Date