2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048111

City-St-Zip:

DELRAY BEACH, FL 33484

Entity Name: TOTAL TELECOM SOLUTIONS, INC.

FILED May 08, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
4996 N CI	TATION DR				
STE 106		0.145			
DELRAY E	BEACH, FL 3	3445			
Current Mailing Address:			New Mailing Address:		
	TATION DR				
STE 106	BEACH, FL 3	3//5			
	: 20-0875786	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
	. 20 00.0.00	· = ricambar / ppiloa · or (/	· = · · · · · · · · · · · · · · · · · ·	Communication States Decimon ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
#106	, GARY B TATION DR BEACH, FL 3	3445 US			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	 Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().	•		
210001011 041	pargii i iiiaiioi	ing tract tails continuation ().			
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title:	PSD () Delete	Title:	() Change () Addition	
Name:	BERMAN, GA		Name:		
Address:		TON DR STE 106	Address:		
City-St-Zip:	DELRAY BEA	CH, FL 33445	City-St-Zip:		
Title:	CEO (X) Delete	Title:	() Change () Addition	
Name:	DODSON, RC	BERT G	Name:		
Address:	5315-48 MON	ITEREY CIRCLE	Address:		
City-St-Zip:	DELRAY BEA	CH, FL 33484	City-St-Zip:		
Title:	TD (X) Delete	Title:	() Change () Addition	
Name:	DODSON, RC	*	Name:	• • • • • • • • • • • • • • • • • • • •	
Address:	•	NTEREY CIRCLE	Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: GARY BERMAN MR 05/08/2006