

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066048

FILED
Feb 03, 2005
Secretary of State

Entity Name: TOTAL SECURITY SOLUTIONS, INC.

Current Principal Place of Business:

1834 SUMMIT OAK CIR
CLERMONT, FL 34711

New Principal Place of Business:

4919 ADAIR OAK DRIVE
ORLANDO, FL 32829

Current Mailing Address:

1834 SUMMIT OAK CIR
CLERMONT, FL 34711

New Mailing Address:

P.O. BOX 300135
FERN PARK, FL 32730

FEI Number: 01-0812569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SCOTTI, FRANK F DP
4919 ADAIR OAK DRIVE
ORLANDO, FL 32829 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: FRANK SCOTTI

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MALTZMAN, AARON R
Address: 1834 SUMMIT OAK CIR
City-St-Zip: CLERMONT, FL 34711

Title: DV () Delete
Name: AXELROD, ANDREW S
Address: 1834 SUMMIT OAK CIR
City-St-Zip: CLERMONT, FL 34711

Title: DST () Delete
Name: SCOTTI, FRANK F
Address: 1834 SUMMIT OAK CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: MALTZMAN, AARON R
Address: P.O. BOX 300135
City-St-Zip: FERN PARK, FL 32730

Title: DV (X) Change () Addition
Name: AXELROD, ANDREW S
Address: P.O. BOX 300135
City-St-Zip: FERN PARK, FL 32730

Title: DP (X) Change () Addition
Name: SCOTTI, FRANK F
Address: P.O. BOX 300135
City-St-Zip: FERN PARK, FL 32730

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: AARON MALTZMAN

DST

02/03/2005

Electronic Signature of Signing Officer or Director

Date