

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066048

FILED
Jan 31, 2006
Secretary of State

Entity Name: TOTAL SECURITY SOLUTIONS, INC.

Current Principal Place of Business:

4919 ADAIR OAK DRIVE
ORLANDO, FL 32829

New Principal Place of Business:

5984 LAKE MELROSE DRIVE
ORLANDO, FL 32829

Current Mailing Address:

P.O. BOX 300135
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 01-0812569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCOTTI, FRANK F DPS
5984 LAKE MELROSE 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

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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.

SIGNATURE: ANDREW AXELROD

DVT

01/31/2006

Electronic Signature of Signing Officer or Director

Date