2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099797

City-St-Zip:

TAMPA, FL 33614

Entity Name: TOTAL NEURAL SOLUTIONS, INC

FILED Jan 19, 2009 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place of Business:		
8929 MAIS TAMPA, FI					
Current Mailing Address:			New Mailing Address:		
8929 MAIS TAMPA, FI					
FEI Number:	20-1328761	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MADISON 8929 MAIS TAMPA, FI	LIN DR.	S			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MADISON, JO 30032 BAYHE DADE CITY, F	AD RD.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BAKER, ROY 334 7TH AVEN TIERRA VERD	IUE NORTH	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BREAKEY, NA) Delete NCY L LAKE AVENUE	Title: (Name: Address:	() Change() Addition	

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.

City-St-Zip:

SIGNATURE: NANCY L BREAKEY ST 01/19/2009