

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90116-042 ***150.00
P04000150591

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50054609



07012005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|---|---|---|--|---|
| DOCUMENT # P04000150591 1. Entity Name TOT SHOTS CORP. | | | | | |
| Principal Place of Business 14115 S. DIXIE HWY. SUITE C MIAMI, FL 33176 | | | Mailing Address 14115 S. DIXIE HWY. SUITE C MIAMI, FL 33176 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-1857909 | |
| Zip | | Zip | | Country | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SULLIVAN, CRISTINA 14115 S. DIXIE HWY. SUITE C MIAMI, FL 33176 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SULLIVAN, CRISTINA 14115 S. DIXIE HWY. SUITE C MIAMI, FL 33176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Cristina Sullivan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>7-1-05</u> | | Daytime Phone #: <u>(305) 233-1337</u> |

7/2005