## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P05000062920

## FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90300 033 \*\*\*150.00

1. Entity Name TOTALE LAGOON INC.									00 0 <b>0 2</b> 00	30 70200	000	.50.00
Principal Place of Business 2427- A NORTH OCEAN AVE. SINGER ISLAND, FL 33404 US			2427	Mailing Address 2427- A NORTH OCEAN AVE. SINGER ISLAND, FL 33404 US				1 10 11 11 11 11	1 BB183 BF111 BF111 BF111 GF	 		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				04172006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State				4. FEI Numb	5-2774		No	oplied For ot Applicable
Zip	Country .		Zip		Country				of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent		Nome		7. Name and	Address of New F	Registered A	Agent	
GORDON, CLAUDETTE					Name				. <u> </u>			
7351 VIA LURIA LAKE WORTH, FL 33467				Street Ad			ress (P.O. Box Number is Not Acceptable)					
4. 1						City				FL	Zip Code	e
.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.												and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating)  DATE												
	91g-mai, -, -	of pillage reaches at regulation and		7		U Agont by	Julius	William Gr				-
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.								.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	PRES	· cperre		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	GORDON, CLAUDETTE RESS   2427- A NORTH OCEAN AVE.				NAM STRE	AE EET ADORESS						i
CITY-ST-ZIP	SINGER ISLAND, FL 33404			4		(-ST-ZIP						
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NAME	ANDERSON, DENNIS				NAM							
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TITLE				Delete	TITL	<b>I</b>					□ Сћалде	☐ Addition
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CITY-ST-ZIP						Y-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.												
SIGNAT	rure: _	SIGNATURE AND TYPED OR	PRINTED NAI	ME OF SIGNING OFFICER	OR DIREC	FOR.			Date	<u>'UD</u>	Daytime Phone #	