

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158966

FILED
May 29, 2008
Secretary of State

Entity Name: TOTAL STORM PROTECTION INC.

Current Principal Place of Business:

5897 NORTH DIXIE HIGHWAY
26
OAKLAND PARK, FL 33334 US

Current Mailing Address:

5897 NORTH DIXIE HIGHWAY
26
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

5531 NORTH WINSTON PARK BLVD.
108
COCONUT CREEK, FL 33073 US

New Mailing Address:

5531 NORTH WINSTON PARK BLVD.
108
COCONUT CREEK, FL 33073 US

FEI Number: 20-3895567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFORD, WILLIAM H
5897 NORTH DIXIE HIGHWAY
26
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

WOLFORD, WILLIAM H
5531 NORTH WINSTON PARK BLVD.
108
COCONUT CREEK, FL 33073 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: WILLIAM WOLFORD

05/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WOLFORD, WILLIAM H
Address: 5897 NORTH DIXIE HIGHWAY # 26
City-St-Zip: OAKLAND PARK, FL 33334 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WOLFORD, WILLIAM H
Address: 5531 NORTH WINSTON PAEK BLVD.
City-St-Zip: COCONUT CREEK, FL 33073 US

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.

SIGNATURE: WILLIAM WOLFORD

PRES

05/29/2008

Electronic Signature of Signing Officer or Director

Date