

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000002702

1. Entity Name
TOTAL TRAFFIC, INC.



FILED
07 MAR 12 AM 11:52

TALLAHASSEE, FLORIDA



Principal Place of Business 5633 RIVER GULF ROAD PORT RICHEY, FL 34668	Mailing Address 5633 RIVER GULF ROAD PORT RICHEY, FL 34668
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

02012007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4048457

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MERCIER, CHARLENE L
8054 WASHINGTON STREET
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name: **Maurice Mercier**

Street Address (P.O. Box Number is Not Acceptable): **8054 Washington Street**

City: **Port Richey** FL Zip: **34668**

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: **3-6-07**

Signature typed or printed name of registered agent and date is applicable (NOTE: Registered Agent signature required if filing a change) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

800093245448
03/16/07--01004--017 **\$61.25

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: MERCIER, CHARLENE L STREET ADDRESS: 8054 WASHINGTON STREET CITY-ST-ZIP: PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: MERCIER, MAURICE STREET ADDRESS: 8054 WASHINGTON STREET CITY-ST-ZIP: PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: President mercier, maurice STREET ADDRESS: 8054 Washington Street CITY-ST-ZIP: Port Richey, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 170, 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 10 or Block changed, or on an attachment with an address, with or other like answered.

SIGNATURE: **3-6-07**

**President
Maurice Mercier**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE