2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000060668

Entity Name: TOTAL SITE SERVICES, INC.

Current Principal Place of Business:

129 FLORA DR
HAINES CITY, FL 33844

New Principal Place of Business:

111 6TH ST NW
WINTER HAVEN, FL 33881

Current Mailing Address:

129 FLORA DR
HAINES CITY, FL 33844

New Mailing Address:

111 6TH ST NW
WINTER HAVEN, FL 33881

FEI Number: 20-4758350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, ARICK D
129 FLORA DR
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

LANE, ARICK D
1111 PENINSULAR DR
HAINES CITY, FL 33844 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: 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: LANE, ARICK D
Address: 129 FLORA DR
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Delete
Name: LANE, JACKIE S
Address: 129 FLORA DR
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Delete
Name: LANE, KARI S
Address: 129 FLORA DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LANE, ARICK D
Address: 1111 PENINSULAR DR
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARICK D. LANE DP 04/27/2007
Electronic Signature of Signing Officer or Director — Date