2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P06000084241

Entity Name: TOTAL CONTROL ENTERPRISES, INC.

Current Principal Place of Business:

11343 KNIGHTS GRIFFIN ROAD
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

11343 KNIGHTS GRIFFIN ROAD
THONOTOSASSA, FL 33592 US

New Mailing Address:

3433 LITHIA PINECREST RD.
PMB # 324
VALRICO, FL 33594 US

FEI Number: 01-0870357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, MATT
553 PAINTED LEAF DR.
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DIR	( ) Delete
Name:	STRICKER, SCOTT	
Address:	11343 KNIGHTS GRIFFIN ROAD	
City-St-Zip:	THONOTOSASSA, FL 33592 US	
Title:	DIR	( ) Delete
Name:	LEHMANN, JASON	
Address:	11793 109TH STREET N.	
City-St-Zip:	SEMINOLE, FL 33778 US	
Title:	DIR	( ) Delete
Name:	HOFFMAN, MATT	
Address:	553 PAINTED LEAF DR.	
City-St-Zip:	BROOKSVILLE, FL 34604 US	
Title:	PRES	( ) Delete
Name:	STRICKER, SCOTT	
Address:	11343 KNIGHTS GRIFFIN ROAD	
City-St-Zip:	THONOTOSASSA, FL 33592 US	
Title:	VP	( ) Delete
Name:	LEHMANN, JASON	
Address:	11793 109TH STREET N.	
City-St-Zip:	SEMINOLE, FL 33778 US	
Title:	SEC	( ) Delete
Name:	HOFFMAN, MATT	
Address:	553 PAINTED LEAF DR.	
City-St-Zip:	BROOKSVILLE, FL 34604 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JASON LEHMANN VP 04/28/2007

Electronic Signature of Signing Officer or Director — Date