2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P06000157408

Entity Name: P & F TOTAL SOLUTIONS CORP

Current Principal Place of Business:

8653 FORT SHEA AVE.
ORLANDO, FL 32822 US

New Principal Place of Business:

1429 TIMBERBEND CIR
ORLANDO, FL 32824 US

Current Mailing Address:

8653 FORT SHEA AVE.
ORLANDO, FL 32822 US

New Mailing Address:

1429 TIMBERBEND CIR
ORLANDO, FL 32824 US

FEI Number: 20-8118614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINEDA, GABRIEL A PD
8653 FORT SHEA AVE
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

PINEDA, GABRIEL A PD
1429 TIMBERBEND CIR
ORLANDO, FL 32824 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: GABRIEL PINEDA 02/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PINEDA, GABRIEL A PD
Address: 8653 FORT SHEA AVE
City-St-Zip: ORLANDO, FL 32822 US

Title: AD ( ) Delete
Name: PINEDA, FRANCES G AD
Address: 8653 FORT SHEA AVE
City-St-Zip: ORLANDO, FL 32822 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: PINEDA, GABRIEL A PD
Address: 1429 TIMBERBEND CIR
City-St-Zip: ORLANDO, FL 32824 US

Title: OWNE (X) Change ( ) Addition
Name: PINEDA, FRANCES G AD
Address: 1429 TIMBERBEND CIR
City-St-Zip: ORLANDO, FL 32824 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: GABRIEL PINEDA PRES 02/17/2009
Electronic Signature of Signing Officer or Director Date