


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # P93000021687<br>1. Entity Name<br>TOTAL TELEMARTETING CONCEPTS, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>8413 13TH AVE NW<br>BRADENTON, FL 34209 US | Mailing Address<br>5726 CORTEZ RD W<br>BOX 130<br>BRADENTON, FL 34210 US |
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04102005 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0397599  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HILL, MARTIN A<br>8413 13TH AVE N.W.<br>BRADENTON, FL 34209 |  |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HILL, MARTIN D<br>8413 13TH AVE. N.W.<br>BRADENTON, FL 34209 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>HILL, JENNIFER<br>5862 28TH LN. E.<br>BRADENTON, FL 34203      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HILL, ANDREW<br>5862 28TH LANE EAST<br>BRADENTON, FL 34203     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HILL, DAVID<br>6028 40TH AVE W<br>BRADENTON, FL 34209          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/25/05-80032-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|  |                      |
|--|----------------------|
| SIGNATURE:  | 4/21/05 800-792 2205 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date Daytime Phone # |