

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000054514

1. Entity Name
THE TOTEM CORPORATION



Principal Place of Business
6161 NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

Mailing Address
POST OFFICE BOX 280
BOYNTON BEACH, FL 33425-0280

2. Principal Place of Business - No P.O. Box #
5310 N. Ocean Dr #801

Suite, Apt. #, etc.

3. Mailing Address
5310 N. Ocean Dr. #801

Suite, Apt. #, etc.

City & State
Singer Island, FL

Zip 33404-2537 Country US

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Singer Island, FL

Zip 33404-2537 Country US

04132007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0431174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALKENBERG, ELKE
6161 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

Name ELKE Falkenberg

Street Address (P.O. Box Number is Not Acceptable)

5310 N. Ocean Dr. #801

7. Name and Address of New Registered Agent
Name Singer Island FL Zip Code 33404-2537

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RICE, SUZANNE E 6161 N. OCEAN BLVD. OCEAN RIDGE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FALKENBERG, ELKE 6161 N. OCEAN BLVD. OCEAN RIDGE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Suzanne E. Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 561 848-7078
Date Daytime Phone #