
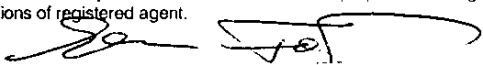
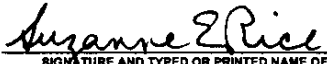


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90328 010 \*\*\*150.00

<b>DOCUMENT # P93000054514</b>					
<b>1. Entity Name</b> THE TOTEM CORPORATION					
<b>Principal Place of Business</b> 6161 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435 US			<b>Mailing Address</b> POST OFFICE BOX 280 BOYNTON BEACH, FL 33425-0280		
<b>2. Principal Place of Business - No P.O. Box #</b> 5310 N. Ocean Dr #801		<b>3. Mailing Address</b> 5310 N. Ocean Dr. #801			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Singer Island, FL		<b>City &amp; State</b> Singer Island, FL		<b>4. FEI Number</b> 65-0431174	
<b>Zip</b> 33404-2537		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FALKENBERG, ELKE 6161 N. OCEAN BLVD. OCEAN RIDGE, FL 33435			<b>7. Name and Address of New Registered Agent</b> Name: Elke Falkenberg Street Address (P.O. Box Number is Not Acceptable): 5310 N. Ocean Dr. #801 City: Singer Island FL Zip Code: 33404-2537		
<b>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.</b> SIGNATURE:  DATE: 4/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PTD <b>NAME</b> RICE, SUZANNE E <b>STREET ADDRESS</b> 6161 N. OCEAN BLVD. <b>CITY-ST-ZIP</b> OCEAN RIDGE, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> FALKENBERG, ELKE <b>STREET ADDRESS</b> 6161 N. OCEAN BLVD. <b>CITY-ST-ZIP</b> OCEAN RIDGE, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>Suzanne E. Rice</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/07 561 848-7078 <small>Date Daytime Phone #</small>		