

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000007531</b>		
1. Entity Name TBS/TOTAL BUSINESS SYSTEMS, INC.		
Principal Place of Business 4231 WALNUT BEND STE 3 JACKSONVILLE, FL 32257	Mailing Address 4231 WALNUT BEND STE 3 JACKSONVILLE, FL 32257	 01312006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3365163 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent ROWLAND, FREDDIE 4231 WALNUT BEND STE 5 JACKSONVILLE, FL 32257		
<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		 03/22/06-80058-025 150.00 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWLAND, FREDDIE 10425 RUSSELL SAMPSON RD JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERN, MICHAEL 11465 MANDARIN GLEN CIRCLE EAST JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROWLAND, PAULA 10425 RUSSELL SAMPSON RD JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Paula Rowland Paula Rowland</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/8/06 904-260-6211 Date Daytime Phone #