


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2006 08:0
Secretary of Sta

DOCUMENT # P97000028711 1. Entity Name TOTAL COMPANY, INC.	
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Principal Place of Business 7027 W BROWARD BLVD FORT LAUDERDALE, FL 33317 US	Mailing Address 7027 W BROWARD BLVD FORT LAUDERDALE, FL 33317 US
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DO NOT WRITE IN THIS SPACE

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03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0740544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PIERRE, COLOMBO
7027 W BROWARD BLVD
FORT LAUDERDALE, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000468120 03/24/06-80018-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLOMBO, PIERRE 7027 WEST BROWARD BLVD FT LAUDERDALE, FL 33317
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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:  **March 10/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #