2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101094

FILED Apr 10, 2008 Secretary of State

Entity Name: TOTAL STICKHANDLING, INC. **Current Principal Place of Business: New Principal Place of Business:** 30 INLET HARBOR ROAD SUITE 302 PONCE INLET, FL 32127 US **New Mailing Address: Current Mailing Address:** 30 INLET HARBOR ROAD SUITE 302 PONCE INLET, FL 32127 US FEI Number: 59-3481508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LACEY, KATHLEEN A 30 INLÉT HARBOR ROAD #302 PONCE INLET, FL 32127 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LACEY, KATHLEEN A LACEY, KATHLEEN A Name: Name: 30 INLET HARBOR ROAD 30 INLET HARBOR ROAD Address: Address:

City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127 US

Title: (X) Delete Title: () Change () Addition

O'BRIEN, DANIEL G Name: Name: 30 INLET HARBOR ROAD Address: Address: PONCE INLET, FL 32127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A. LACEY **PRES** 04/10/2008