
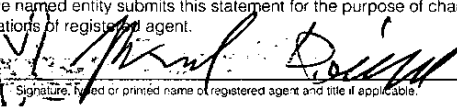
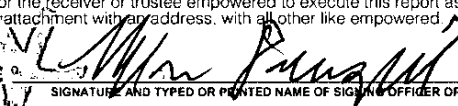


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90140 032 ***150.00

DOCUMENT # P98000017687 1. Entity Name TOTALCOM, INC.			
Principal Place of Business 3499 N.W. 97TH BLVD. SUITE 11 GAINESVILLE, FL 32606		Mailing Address 3499 N.W. 97TH BLVD. SUITE 11 GAINESVILLE, FL 32606	
2. Principal Place of Business 1722 NW 80th Blvd Suite, Apt. #, etc. #40		3. Mailing Address 1722 NW 80th Blvd Suite, Apt. #, etc. #40	
City & State Gainesville, FL Zip 32606		City & State Gainesville, FL Zip 32606	
Country USA		Country USA	
4. FEI Number 59-3509215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIUGUID, STEPHEN B 3499 N.W. 97TH BLVD. UNIT 7 SUITE 11 GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1722 NW 80th Blvd #40 City Gainesville FL Zip Code 32606	
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  DATE 2/21/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIUGUID, STEPHEN B 10235 SW 39TH PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JONES, STEPHEN J 4830 NW. 43RD ST., APT. 5162 GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	
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  DATE 2/21/06 (352) 331-0424 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	