## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000020126

Entity Name: TOTAL RESTORATION SERVICES, INC.

FILED Aug 22, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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601 N. CONGRESS AVENUE SUITE 305 DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

601 N. CONGRESS AVENUE SUITE 305 DELRAY BEACH, FL 33445

FEI Number: 65-0856712 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:

KOENIG, JOHN C
601 N. CONGRESS AVENUE 601 N. CONGRESS AVENUE
SUITE 305 SUITE 305
DELARY BEACH, FL 33445 US
CONGRESS AVENUE
SUITE 305
DELARY BEACH, FL 33445 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: JOHN C KOENIG 08/22/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete Title: S (X) Change ( ) Addition

Name: KOENIG, JOHN Name: KOENIG, LISA Ã

Address: 601 N. CONGRESS AVENUE, SUITE 305 Address: 601 N. CONGRESS AVENUE, SUITE 305

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete Title: D. P ( ) Change (X) Addition

Name: Name: KOENIG, JOHN C

Address: Address: 601 N CONGRESS AVE STE. 305
City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33445 US

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: LISA A KOENIG S 08/22/2008