2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _-

FILED Jan 12, 2006 08:00 AM Secretary of State

| | The second secon | 2.1판 - 1 · + + | * 10 5 ft | Carratamy of Ctata | | | |
|--|--|---|--|--|--|--|--|
| DOCUMENT # P98000090389 1. Erzitiy Name TOTAL INVESTIGATIONS INC. | | | | Secretary of State | | | |
| Principal Place of Business 701 INDUSTRY RD STE #4 LONGWOOD, FL 32750 Mailing Address PO BOX 175 SANFORD, FL 32772-0175 | | ·£ | | E CONTRANT THE FOUND RANGE WANTE OF THE PROPERTY OF THE PROPER | | | |
| DO NOT WRITE IN THIS SPACE | | | _ | 01092006 4. FEI Numb 59-353 5. Certificate | | | (11/05) Applied For Not Applicable T5 Additional Required |
| 701 (NDUS LONGWO | 6. Name and Address of Current Re RANT C III STRY DR., STE 4 OD, FL 32750 | DO NOT WRITE IN THIS SPACE | | | | | |
| 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 of applicable. (NOTE: Repeated Agent agreeture required when remaising) DATE | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 9. Election Campaign Finant Trust Fund Contribution. | | | | .00 May Be ded to Fees | 00 May Be U00000383990 ed to Fees 01/13/06-80023-009 150_00 | | |
| 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS CITY-ST-ZIP | OFFICERS AND DI CEOP APPEL, GRANT C III 701 INDUSTRY RD LONGWOOD, FL 32750 | RECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , <u></u> | | o and or other sections of the section of the secti | | NOT W | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , and experience | IN T | THIS SP | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | the state of the s | | | . The contract of the contract |
| 12. I hereby of indicated of the correctanged, | certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with | s filing does not qualify for the exe le and accurate and that my signatured to execute this report as Jequilitial other like empowered. | emptions contained ure shall have the red by Chapter 60 | d in Chapter 119 same Jegal effec 7, Florida Statute | , Florida Statutes. I t as if made under o s; and that my name | further certify the ath; that I am as appears in Blo | at the Information officer or director ock 10 or Block 11 if |