


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 005 ***150.00

DOCUMENT # P99000011698	
1. Entity Name TOTAL CONSTRUCTION MANAGEMENT, INCORPORATED	

Principal Place of Business 5754 SR 542 WEST SUITE # 5 WINTER HAVEN, FL 33880 US	Mailing Address 5754 SR 542 WEST SUITE # 5 WINTER HAVEN, FL 33880 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BAXTER, H R 5754 SR 542 WEST SUITE # 5 WINTER HAVEN, FL 33880	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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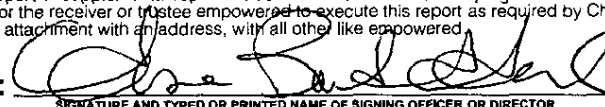
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	BAXTER, HAROLD R	NAME	Baxter Harold R
STREET ADDRESS	515 5TH STREET SW	STREET ADDRESS	5754 SR 542 West Suite 5
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	Winter Haven FL 33880

TITLE	VPD	TITLE	VPD
NAME	HATMAKER, GARY	NAME	Hatmaker, Gary
STREET ADDRESS	515 5TH STREET SW	STREET ADDRESS	5754 SR 542 West Suite 5
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	Winter Haven, FL 33880

TITLE	D	TITLE	
NAME	ALBAUGH, JEFFREY TODD	NAME	
STREET ADDRESS	5754 SR 542 WEST, SUITE # 4	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	

TITLE	S	TITLE	S
NAME	HANCOCK, TRINA BAXTER	NAME	Hancock, Trina Baxter
STREET ADDRESS	515 5TH STREET SW	STREET ADDRESS	5754 SR 542 West Suite #5
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	Winter Haven, FL 33880

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	3-26-07 863 965 0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Trina Baxter Hancock	Date Daytime Phone #