2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000025799

City-St-Zip:

Entity Name: TOTAL CONCEPT ENTERPRISES INCORPORATED

FILED Nov 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5036 DR. PHILLIPS BLVD. SUITE 377 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** 5036 DR. PHILLIPS BLVD. SUITE 377 ORLANDO, FL 32819 FEI Number: 59-3569156 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: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GROSMAN, NOGA PRESID Name: Name: 1820 HEMPEL AVE. Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: WARREN, EDWARD A Name: 745 BAINBRIDGE LOOP Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete DIR Name: JACQUES, STEVE Name: 2004 JAFFA DRIVE, SUITE G Address Address: City-St-Zip: City-St-Zip: SAINT CLOUD, FL 34771 Title: () Delete Title: DIR () Change (X) Addition WRIGHT, ANDREW Name: Name: 2004 JAFFA DRIVE, SUITE G Address: Address:

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.

City-St-Zip:

SAINT CLOUD, FL 34771

SIGNATURE: EDWARD A WARREN VP 11/11/2008