2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025799

Entity Name: TOTAL CONCEPT ENTERPRISES INCORPORATED

FILED May 03, 2009 Secretary of State

Littly Nai	ille. TOTA	LCONCEFTENTERFRIS	L3 INCORPORATED			
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 377	PHILLIPS B 7 D, FL 32819					
Current M	lailing Add	ress:	New	New Mailing Address:		
SUITE 377	PHILLIPS B 7 D, FL 32819					
FEI Number:	: 59-3569156	FEI Number Applied For	() FEI Number N	ot 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				GROSMAN REPUBLIC, LLC 5036 DR. PHILLIPS BLVD. #377 ORLANDO, FL 32819 US		
	named ent e of Florida.		or the purpose of char	iging its register	red office or registered agent, or both,	
SIGNATU	RE: NOGA	GROSMAN			05/03/2009	
	Elec	tronic Signature of Registe	red Agent		Date	
		7.193(2)(b), F.S., the corporation	-	or notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	1820 HEMF	() Delete , NOGA PRESID PEL AVE. ERE, FL 34786	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete EDWARD A RIDGE LOOP ARDEN, FL 34787	Title: Name Addre City-S	ss: 745 BAIN	(X) Change()Addition , EDWARD A BRIDGE LOOP GARDEN, FL 34787	
Title: Name: Address: City-St-Zip:		(X) Delete STEVE A DRIVE, SUITE G UD, FL 34771	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name:	DIR WRIGHT, A	(X) Delete NDREW	Title: Name	:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GROSMAN NOGA PD 05/03/2009

2004 JAFFA DRIVE, SUITE G

SAINT CLOUD, FL 34771

Address:

City-St-Zip: