2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 16, 2006
Secretary of State

DOCUMENT# P99000065610

Entity Name: TOTAL LOSS CONTROL, INC.

Current Principal Place of Business:

5740 BITTERSWEET DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

21042 CR 349 N
O'BRIEN, FL 32071

Current Mailing Address:

5740 BITTERSWEET DRIVE
HOLIDAY, FL 34690

New Mailing Address:

21042 CR 349N
O'BRIEN, FL 32071

FEI Number: 59-3587005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRIS, DAVID
5740 BITTERSWEET DR
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

FARRIS, DAVID
21042 CR 349 N
O'BRIEN, FL 32071 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: _____ 06/16/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: FARRIS, DAVID
Address: 5740 BITTERSWEET DR
City-St-Zip: HOLIDAY, FL 34690

Title: VT ( ) Delete
Name: FARRIS, DONNA
Address: 5740 BITTERSWEET DR
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: FARRIS, DAVID
Address: 21042 CR 349 N
City-St-Zip: O'BRIEN, FL 32071

Title: VT (X) Change ( ) Addition
Name: FARRIS, DONNA
Address: 21042 CR 349 N
City-St-Zip: O'BRIEN, FL 32071

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA FARRIS VT 06/16/2006
Electronic Signature of Signing Officer or Director — Date