


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90304 006 \*\*\*150.00

<b>DOCUMENT # S28688</b> 1. Entity Name <b>TOTAL EVENT AND MEETING PRODUCTIONS, INC.</b>					
Principal Place of Business <b>2322 HOLLYWOOD BLVD</b> <b>HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>2322 HOLLYWOOD BLVD</b> <b>HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business <b>13955 Carlton Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>13955 Carlton Dr.</b> Suite, Apt. #, etc.			
City & State <b>Davie, FL</b> Zip Country <b>33330 USA</b>		City & State <b>Davie, FL</b> Zip Country <b>33330 USA</b>		4. FEI Number <b>65-0238193</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>KING, BENJAMIN B</b> <b>13955 CARLTON DRIVE</b> <b>DAVIE, FL 33330</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KING, BENJAMIN B.</b> <b>13955 CARLTON DRIVE</b> <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KING, TINA</b> <b>13955 CARLTON DRIVE</b> <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>Benjamin B. King</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>5/2/06</i></u> <u><i>954-452-9111</i></u> <small>Date Daytime Phone #</small>		