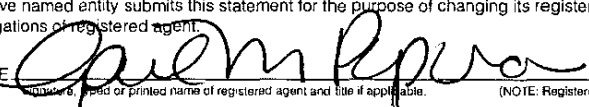
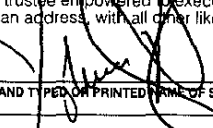


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90319 049 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                                                     |                                                                                                                                                                                                             |                                                                                   |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|
| <b>DOCUMENT # P00000025357</b><br>1. Entity Name<br><b>TRANSCEND DEVELOPMENT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                                                     |                                                                                                                                                                                                             |  |                                     |
| Principal Place of Business<br><b>3626 ERINDALE DRIVE<br/>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                                                     | Mailing Address<br><b>3626 ERINDALE DRIVE<br/>VALRICO, FL 33594</b>                                                                                                                                         |                                                                                   |                                     |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                                                                                             |                                                                                   |                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | City & State                                                                                                        |                                                                                                                                                                                                             |                                                                                   |                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                          | Zip                                                                                                                 | Country                                                                                                                                                                                                     | 4. FEI Number<br><b>59-3646732</b>                                                |                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                                                                     |                                                                                                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                             |                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>HASBINI, ALI<br/>3626 ERINDALE DR.<br/>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>GAIL POPOVICH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3626 ERINDALE DR</b><br>City <b>VALRICO</b> <b>FL</b> Zip <b>33594</b> |                                                                                   |                                     |
| 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.<br>SIGNATURE  DATE <b>4/7/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                   |                                                                  |                                                                                                                     |                                                                                                                                                                                                             |                                                                                   |                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                             |                                                                                   |                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                       |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PVSD<br>HASBINI, ALI<br>3626 ERINDALE DRIVE<br>VALRICO, FL 33594 | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>APPLEYARD, ROBERT<br>3626 ERINDALE DR<br>VALRICO, FL 33594  | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>POPOVICH, GAIL M<br>3626 ERINDALE DR<br>VALRICO, FL 33594   | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PSD                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                        |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                             |                                                                                   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                             |                                                                                   |                                     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | <b>ALI HASBINI</b>                                                                                                  |                                                                                                                                                                                                             | Date <b>4/7/04</b>                                                                | Daytime Phone # <b>813-681-8419</b> |