

2007 FOR PROFIT CORPORATION ANNUAL REPORT


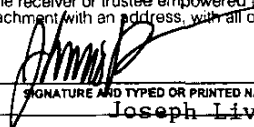
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Secretary of State

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000016484			
1. Entity Name TRANSJET, INC.			
Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114		Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3699180		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, MARK J ESQ. 3200 TAMIAM I TRAIL N., STE. 200 NAPLES, FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAO, AUBREY J	NAME	
STREET ADDRESS	3470 CLUB CENTER BLVD.	STREET ADDRESS	8156 Fiddler's Creek Parkway
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	Naples, FL 34114
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J	NAME	
STREET ADDRESS	3200 TAMIAM I TRAIL NORTH, STE. 200	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, JOSEPH L	NAME	
STREET ADDRESS	3470 CLUB CENTER BLVD.	STREET ADDRESS	8156 Fiddler's Creek Parkway
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	Naples, FL 34114
TITLE	V <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINARDO, ANTHONY J	NAME	
STREET ADDRESS	3470 CLUB CENTER BLVD.	STREET ADDRESS	8156 Fiddler's Creek Parkway
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	Naples, FL 34114
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
SIGNATURE: 		2/1/07 (239) 732-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Livio Parisi		Date Daytime Phone #	