2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J45374

FILED Feb 11, 2005 Secretary of State

Entity Nan	ne: TRANSE	ASTERN PROPERTIES, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
3300 UNIV STE 001	ERSITY DR.				
	RINGS, FL 3	3065			
Current Mailing Address:			New Maili	New Mailing Address:	
STE 001	ERSITY DR. PRINGS, FL 3	3065			
FEI Number:	,	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
STE 001	CORA ERSITY DR. PRINGS, FL 3	3065 US			
The above in the State	named entity : of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FALCONE, ART	ITY DR, STE 001	Title: Name: Address: City-St-Zip:	CEOS (X) Change () Addition FALCONE, ARTHUR 3300 UNIVERSITY DR, STE 001 CORAL SPRINGS, FL 33065	
Title: Name: Address: City-St-Zip:	FALCONE, ED	ITY DR STE 001	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DIFIORE, COR	ITY DR STE 001	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EISNER, NEIL	Delete ITY DR STE 001 GS, FL 33065	Title: Name: Address: City-St-Zip:	P (X) Change () Addition EISNER, NEIL 3300 UNIVERSITY DR STE 001 CORAL SPRINGS, FL 33065	
Title: Name: Address: City-St-Zip:	VP () EVASIUS, JOH 3300 UNIVERS CORAL SPRIN	ITY DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR FALCONE CEOS 02/11/2005