

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009389

Entity Name: TRANSFORMATION PROGRAM USA INC**Current Principal Place of Business:**4125 W WATERS AVE
TAMPA, FL 33614**Current Mailing Address:**4703 MILNE DR
TORRANCE, CA 90505 US**FEI Number: 81-3971501****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CREW, PILAR LEONE RYAN
4125 W WATERS AVE
TAMPA, FL 33614 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: PILAR LEONE RYAN CREW****01/29/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | BARRETT, MICHAEL JOHN |
| Address | 4703 MILNE DR |
| City-State-Zip: | TORRANCE CA 90505 |

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|-----------------|---------------------|
| Title | DIR |
| Name | ORTIZ, KEVIN SAMUEL |
| Address | 168 MEADOW BROOK LN |
| City-State-Zip: | SAN BENITO TX 78586 |

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | TAKASHIMA, GUY HARUO |
| Address | 4703 MILNE DR |
| City-State-Zip: | TORRANCE CA 90505 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | CREW, PILAR LEONE RYAN |
| Address | 4703 MILNE DR |
| City-State-Zip: | TORRANCE CA 90505 |

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL JOHN BARRETT**DIRECTOR****01/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date