

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000115302

**Entity Name:** TRANSFORMATIONS, INC.

**Current Principal Place of Business:**

7025 BERACASA WAY  
SUITE 102G  
BOCA RATON, FL 33433

**Current Mailing Address:**

7025 BERACASA WAY  
SUITE 102G  
BOCA RATON, FL 33433

**FEI Number:** 65-1074659

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBIN, ELINOR  
7025 BERACASA WAY  
SUITE 102G  
BOCA RATON, FL 33433 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name ROBIN, ELINOR  
Address 7025 BERACASA WAY, SUITE 102G  
City-State-Zip: BOCA RATON FL 33433

Title SECY  
Name SPOFFORD, DAVID J  
Address 7025 BERACASA WAY, SUITE 102G  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name ROBIN, ELINOR  
Address 7025 BERACASA WAY, SUITE 102G  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name SPOFFORD, DAVID J  
Address 7025 BERACASA WAY, SUITE 102G  
City-State-Zip: BOCA RATON FL 33433

Title T  
Name ROBIN, ELINOR  
Address 7025 BERACASA WAY, SUITE 102G  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name SPOFFORD, DAVID J  
Address 7025 BERACASA WAY, SUITE 102G  
City-State-Zip: BOCA RATON FL 33433

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

**SIGNATURE:** DAVID SPOFFORD

VP

04/19/2014

Electronic Signature of Signing Officer/Director Detail

Date