


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90153 004 ***150.00

DOCUMENT # 828839
 1. Entity Name
 TRANSPORT INTERNATIONAL POOL, INC.



Principal Place of Business
 426 W LANCASTER AVE
 DEVON, PA 19333 US

Mailing Address
 426 W LANCASTER AVE
 DEVON, PA 19333 US



2. Principal Place of Business
 426 W. Lancaster Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 426 W. Lancaster Ave.
 Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State
 Devon, PA

City & State
 Devon, PA

4. FEI Number
 22-1616203

Applied For
 Not Applicable

Zip
 19333

Country
 U.S.

Zip
 19333

Country
 U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS NAME BUTLER-GILES, TRACIE STREET ADDRESS 426 W LANCASTER AVE CITY-ST-ZIP DEVON, PA 19333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HARPER, ARTHUR H STREET ADDRESS 120 LONG RIDGE RD CITY-ST-ZIP STAMFORD, CT 069270001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVPT NAME TOWE, MICHAEL W STREET ADDRESS 426 W LANCASTER AVENUE CITY-ST-ZIP DEVON, PA 19333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SVPT Mary Hoeltzel 426 W. Lancaster Ave. DEVON, PA 19333	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME THOMAS, MARTIN STREET ADDRESS 426 W LANCASTER AVE CITY-ST-ZIP DEVON, PA 19333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Thomas Martin 426 W. Lancaster Ave.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TOWE, MICHAEL W STREET ADDRESS 426 W LANCASTER AVE CITY-ST-ZIP DEVON, PA 19333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Mary Hoeltzel 426 W. Lancaster Ave. DEVON, PA 19333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Tracie Butler Giles VS Date: April 22, 2005 Daytime Phone #: 610-648-6952