

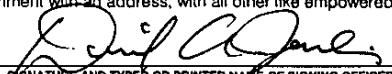


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90553 026 ***150.00

DOCUMENT # F04000004457 1. Entity Name TRANSNEURONIX, INC.					
Principal Place of Business 100 STIARLI COURT, S TE. 106 MT. ARLINGTON, NJ 07856				Mailing Address 100 STIARLI COURT, S TE. 106 MT. ARLINGTON, NJ 07856	
2. Principal Place of Business 100 Stierli Court Suite, Apt. #, etc. Suite # 106 City & State MT. Arlington NJ Zip 07856		3. Mailing Address 100 Stierli Court Suite, Apt. #, etc. Suite # 106 City & State MT. Arlington NJ Zip 07856		20035725 	
02012005 Chg-P CR2E034 (10/03)				4. FEI Number 72-1342229	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete JENKINS, DAVID A 6 BRENDAN DR. FLANDERS, NJ 07836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Griffin, Jerry 1 Bluxome St. #309 San Francisco CA 94107		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ADLER, STEVEN C 46 WILKSHIRE BLVD. RANDOLPH, NJ 07859	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carson, Don 2801 Buford Highway, Suite 470 Atlanta, GA 30329		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRIFFIN, BOBBY I 1326 SPRINGVALLEY RD. GOLDEN VALLEY, MN 55427	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ellwein Michael 710 Medtronic Parkway, NE Mail Stop 42390 Minneapolis MN 55432-5604		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GRIFFIN, JERRY 650 DELANEY ST. #417 SAN FRANCISCO, CA 94107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nelson Glen D. 301 Carlson Parkway, Suite 315 Minnetonka MN 55305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CARSON, DON 2170 PIEDMONT RD. ATLANTA, GA 30324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gordon Pat 494 Highcroft Road Wyazata MN 55391		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NELSON, GLENN D 500 TOPKAWA RD. LONG LAKE, MN 55356	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: 		Date Feb 1, 2005 Daytime Phone # 973-601-1950			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					