

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90190 021 \*\*\*150.00

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02072006 Chg-P CR2E034 (11/05)

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # F05000005353</b><br>1. Entity Name<br><b>TRANSONE, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>11720 US HIGHWAY 19<br/>PORT RICHY, FL 34668</b>   |  |   | Mailing Address<br><b>20 CORPORATE PARK, SUITE 100<br/>IRVINE, CA 92606-3109</b>  |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address<br><b>36 Executive Park</b>  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br><b>110</b>   |   |  |  |
| City & State   |  | City & State<br><b>IRVINE, CA</b>   |   |  |  |
| Zip  | Country  | Zip<br><b>92614 4710</b>  | Country<br><b>USA</b>   | 4. FEI Number<br><b>74-3063632</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DEMARCO, JOHN<br/>11720 US HIGHWAY 19<br/>PORT RICHY, FL 34668</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PC<br>DIVITIS, FLORIAN<br>11 LEATHERWOOD CT<br>COTO DE CAZA, CA 92679 <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PC<br>DIVITIS, FLORIAN<br>11 LEATHERWOOD CT<br>COTO DE CAZA, CA 92679 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VVC<br>REIBMAN, MARC<br>3604 PHILLIPS DRIVE<br>BALTIMORE, MD 21208 <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>LALA, TOPTAN<br>13003 TWELVE TREES CT.<br>CLARKESVILLE, MD 21029 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>LALA, RAMADAN<br>8526 HUNTSpring DR<br>LUTHERVILLE, MD 21093 <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: <u>Florian Delitis</u> <u>Florian Delitis</u> 3/30/06 949 221-0500<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |  |  |