2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07030

1. Entity Name

TRANSAM FINANCIAL SERVICES, INC.



Mailing Address

SUITE 225 1101 NORTH LAKE DESTINY RD MAITLAND, FL 32751

Principal Place of Business

SUITE 225 1101 NORTH LAKE DESTINY RD MAITLAND, FL 32751

FILED Apr 05, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

1102006	No Chg-P	CR2E034 (11/05
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4. FEI Number 59-2056661 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required X

NOGA, GEORGE K. 1101 NORTH LAKE DESTINY ROAD

5. Name and Address of Current Registered Agent

DO NOT WRITE

MAITLAND, FL 32751		IN THIS SPACE				
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	d Agent ទទួកនាំហា	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	000000493025 04/19/06-80088-011 158.75	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PTD NOGA, GEORGE K. 1101 N LAKE DESTINY #225 MAITLAND, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
title Name Street address City-St-Zip			IN THIS SPACE			
TITLE NAME SIRLET ADDRESS CSTY-ST-ZIP						
TITLE MAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fi	iling does not qualify for the exe	mptions cor	ntained in Chapter 11	9. Florida Statutes. I further certify that the information	

craicated on this report of supplement of the corporation of the receiver or changed, or on an attachment with way 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 related empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if a company of the life amount of the bress, with all other like empowered.

O NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: