
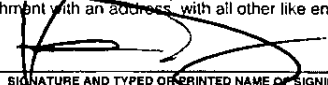


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90012 049 \*\*\*550.00

<b>DOCUMENT # F94000006691</b>					
1. Entity Name TRANSCOMMUNICATIONS INCORPORATED					
Principal Place of Business 6125 PRESERVATION DRIVE CHATTANOOGA, TN 37416 US			Mailing Address 6125 PRESERVATION DRIVE CHATTANOOGA, TN 37416 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, MAX		NAME	Michael O. Dunn	
STREET ADDRESS	6125 RESERVATION DRIVE		STREET ADDRESS	6125 Preservation Drive	
CITY-ST-ZIP	CHATTANOOGA, TN 37416		CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, PAT		NAME	Michael O. Dunn	
STREET ADDRESS	6125 RESERVATION DRIVE		STREET ADDRESS	6125 Reservation Drive	
CITY-ST-ZIP	CHATTANOOGA, TN 37416		CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRONER, MEL		NAME	Kevin Dew	
STREET ADDRESS	6125 RESERVATION DRIVE		STREET ADDRESS	6125 Reservation Drive	
CITY-ST-ZIP	CHATTANOOGA, TN 37416		CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, EARL		NAME		
STREET ADDRESS	6125 RESERVATION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA, TN 37416		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPINGER, JAMES		NAME		
STREET ADDRESS	6125 RESERVATION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA, TN 37416		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSTINE, JAMES E		NAME		
STREET ADDRESS	6125 PERVERVATION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA, TN 37416		CITY-ST-ZIP		
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: 		Kevin Dew		7/12/04 423-553-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

54063502



06302004 Chg-P CR2E034 (10/03)

4. FEI Number 62-1533223 Applied For Not Applicable

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

FL

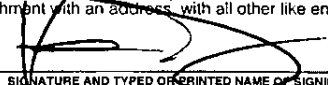
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9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLER, MAX	
STREET ADDRESS	6125 RESERVATION DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINN, PAT	
STREET ADDRESS	6125 RESERVATION DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRONER, MEL	
STREET ADDRESS	6125 RESERVATION DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCUDDER, EARL	
STREET ADDRESS	6125 RESERVATION DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN 37416	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COPPINGER, JAMES	
STREET ADDRESS	6125 RESERVATION DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN 37416	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOLSTINE, JAMES E	
STREET ADDRESS	6125 PERVERVATION DRIVE	
CITY-ST-ZIP	CHATTANOOGA, TN 37416	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael O. Dunn	
STREET ADDRESS	6125 Preservation Drive	
CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael O. Dunn	
STREET ADDRESS	6125 Reservation Drive	
CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Dew	
STREET ADDRESS	6125 Reservation Drive	
CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  Kevin Dew Date: 7/12/04 Daytime Phone #: 423-553-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #