2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005495

Entity Name: INTRANS GROUP, INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 55 CHERRY LANE CARLE PLACE, NY 11514 **Current Mailing Address: New Mailing Address:** C/O FOX HORAN - 825 THIRD AVE NEW YORK, NY 10022 FEI Number: 13-3014754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DONATH, PATRICK Name: Name: CSSI, 22 AVENUE GALILEE Address: Address: City-St-Zip: LE PLESSIS ROBINSON, NA 92350 FR City-St-Zip: Title: Title: () Delete () Change () Addition Name: BOULARD, ERIC Name: 55 CHERRY LANE Address: Address: CARLE PLACE, NY 11514 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MARSCHNER, EDWARD C Name: Name: FOX HORAN - 825 THIRD AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: () Delete Title: () Change () Addition BARBA, JOSEPH Name: Name: Address: 55 CHERRY LANE Address: City-St-Zip: CARLE PLACE, NY 11514 City-St-Zip: Title: Title: () Delete () Change () Addition LINDQUIST, ERIC Name: Name: FOX HORAN - 825 THIRD AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MOORE, RON Name: Address: 55 CHERRY LANE Address: City-St-Zip: City-St-Zip: CARLE PLACE, NY 11514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C. MARSCHNER S 01/23/2008