2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F99000000027 07-09-2007 90049 034 ***550.00 TRANSNATIONAL COMPUTER, INC. Principal Place of Business Mailing Address 40123617 1180 AVENUE OF THE AMERICA 10 FAIRWAY DRIVE 1400 NEW YORK, NY 10036 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 Chq-P CR2E034 (12/06) 110 City & State City & State 4 FEI Number Applied For 13-3245535 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD H. HEAGY Street Address (P.O. Box Number is Not Acceptable) #110 10 FAIRWAY DRIVE #207 DEERFIELD BEACH, FL 33441 City Zip Code FL 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. RKHARD H. HEAGY SIGNATURE \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \Box Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CPT Addition TITLE ☐ Delete TITLE ☐ Change BLODGETT, HERBERT NAME NAME 271 W 47TH ST., APT 52E STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NEW YORK, NY 10036 CITY-ST-ZIP Change Addition VSD Delete TITLE TITLE HEAGY, RICHARD NAME NAME #110 10 FAIRWAY DRIVE #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ Addition GALLAGHER, JOHN NAME NAME STREET ADDRESS 309 VIZCAYA DR STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

Rutal 11 / Leas RICHARD HHEAGY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 09, 2007 8:00 am