2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2007 08:00 A Secretary of State

1. Entity Name TRANS UNIVERSITY, INC. Principal Place of Business 14006 NORTHTOWNE CT TAMPA, FL 33613 Mailing Address PO BOX 17381 TAMPA, FL 33682-7381 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 4. FEI Number Applied For	ANNUAL REPORT					Secretary of Sta			
14006 NORTHTOWNE CT TAMPA, FL 33613 PO BOX 17381 TAMPA, FL 33682-7381 DO NOT WRITE IN THIS SPACE 05232007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2325590 Not Applicate 59-2325590 Not Applicate 59-2325590 Search Fee Required 6. Name and Address of Current Registered Agent MARTIN. URSULA 1104 E. 140TH AVENUE SUITE A TAMPA, FL 33613 DO NOT WRITE 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 Lam familiar with, and acceptable agent.	1. Entity Name				À P		Secreta	ry of Sta	
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2325590 Not Applied For 59-2325590 Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired DO NOT WRITE 1104 E. 140TH AVENUE SUITE A TAMPA, FL 33613 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 Lam familiar with, and acceptable agent.	14006 NORTHTOWNE CT		PO BOX 17381		1 16911/16 68/	RI BINDI KONG INIBO INIB AI	E	8184 8181 884 4 1881	
MARTIN. URSULA 1104 E. 140TH AVENUE SUITE A TAMPA, FL 33613 DO NOT WRITE 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 acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent.		CE	05232007 4. FEI Numb 59-232	No Chg-P er 5590	CR2E034 (1	Applied For Not Applicable 75 Additional			
	MARTIN. URSULA 1104 E. 140TH AVENUE SUITE A								
SIGNATURE Signature Trick of critical contribution and electropatered agent and bite if allock about 1800 fellows ferred Agent segnature required when renatatival DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be	the obligations of registered SIGNATURE	diagenti n'equanie of requirer agentin'nd	9. Election Campaign Fina	ed Agent signature requi	5.00 May Be	ith, in the State of Fi		ar with, and accept	
Due by September 14, 2007				. L.) Ai	ided to Fees				
10.	IBLE PVP NAME MARTIN, UR SIRELI ADDRESS CITY ST ZIP TAMPA, FL 3 IDIT TAMPA, FL 3 IDITE TAMPA, FL 3 IDI	SULA H AVE STE A				NOT W	/RITE	1 -021 150.00	

12. Thereby 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 logal 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:

CHY-SI-ZIP

IIILE

NAME

STREET ADDRESS

CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.K. Mattin

17 813 857-6445

Daytime Phone #