2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009455

Entity Name: TRANSFORMATIONAL COMMUNICATIONS, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
8391 150TH	-		US					
Current Mailing Address:				New Mailii	New Mailing Address:			
PO BOX 30 PALM BEA)295 CH GARDENS,	FL 33420	US					
FEI Number:	84-1638272	FEI Number Ap	oplied For()	FEI Number Not Appli	icable ()	Certificate of Status	Desired ()	
Name and	Address of Cu	rrent Registo	ered Agent:	Name and	Address of N	New Registered Ag	jent:	
8391 150TH	MARY KATHER I CT N CH GARDENS,		US					
The above in the State	named entity su of Florida.	bmits this sta	tement for the pur	pose of changing it	ts registered o	office or registered a	agent, or both,	
SIGNATUR	E:							
Electronic Signature of Registered Agent				İ	Date			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () C DOMBEK, MARY 8391 150TH CT N PALM BEACH GA	1	118	Title: Name: Address: City-St-Zip:	()) Change () Addition		
Title: Name: Address: City-St-Zip:	D () D DOMBEK, DAVID 8391 150TH CT N PALM BEACH GA	1	118	Title: Name: Address: City-St-Zip:) Change () Addition		
Title: Name: Address: City-St-Zip:	D () E ELLSWORTH, JA 964 NE WIEST W BEND, OR 977-1	/AY		Title: Name: Address: City-St-Zip:	D (X ELLSWORTH, 964 NE WIEST BEND, OR 977	WAY		
Title: Name: Address: City-St-Zip:	D () C LILES, RHONDA 983 NW COLBER LEE'S SUMMIT, M			Title: Name: Address: City-St-Zip:	D (X LILES, RHOND 983 NW COLB LEE'S SUMMIT	ERN RD		
Title: Name: Address: City-St-Zip:	D () E WASHINGTON, J 531 NE NEWPOR LEE'S SUMMIT, M	RT		Title: Name: Address: City-St-Zip:	D (X WASHINGTON 531 NE NEWPO LEE'S SUMMIT	ORT		
Title: Name: Address: City-St-Zip:	D () C WASHINGTON, M 531 NE NEWPOR LEE'S SUMMIT, M	RT		Title: Name: Address: City-St-Zip:) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV MARY KATHERINE DOMBEK D 04/30/2004