


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

10P2

<b>DOCUMENT # N03000009455</b>						<b>FILED</b> <b>06 JAN -3 PM 4:19</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> TRANSFORMATIONAL COMMUNICATIONS, INC.							
<b>Principal Place of Business</b> 8391 150TH CT N PALM BEACH GARDENS, FL 33418 US				<b>Mailing Address</b> PO BOX 30295 PALM BEACH GARDENS, FL 33420 US			
<b>2. Principal Place of Business</b> 2892 SE Italy St Suite, Apt. #, etc.				<b>3. Mailing Address</b> 2892 SE Italy St Suite, Apt. #, etc.			
<b>City &amp; State</b> Port St Lucie FL				<b>City &amp; State</b> Port St Lucie FL			
<b>Zip</b> 34952		<b>Country</b> St Lucie Co		<b>Zip</b> 34952		<b>Country</b> St Lucie Co	
<b>4. FEI Number</b> 84-1638272				<b>Applied For</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b> DOMBEK, MARY KATHERINE REV 8391 150TH CT N PALM BEACH GARDENS, FL 33418				<b>7. Name and Address of New Registered Agent</b> Name: Dombek, Mary Katherine REV Street Address (P.O. Box Number is Not Acceptable): 2892 SE Italy St City: Port St Lucie FL Zip Code: 34952			
<b>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.</b> SIGNATURE: <i>Rev Mary Katherine Dombek</i> DATE: <i>12/30/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DOMBEK, MARY KATHERINE <del>8391 150TH CT N</del> PALM BEACH GARDENS, FL 33418			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2892 SE Italy St Port St Lucie FL 34952		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DOMBEK, DAVID <del>8391 150TH CT N</del> PALM BEACH GARDENS, FL 33418			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2892 SE Italy St Port St Lucie FL 34952		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ELLSWORTH, JANET REV 964 NE WIEST WAY BEND, OR 977-1			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600063317346 01/10/06--01041--005 **\$1.25 600063317346 01/10/06--01041--006 **\$1.25		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LILES, RHONDA REV <del>983 NW COLBERN RD</del> <del>LEE'S SUMMIT, MO 64086</del>			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 113265 Metairie LA 70011		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WASHINGTON, JOHN REV <del>531 NE NEWPORT</del> <del>LEE'S SUMMIT, MO 64064</del>			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3989 Wolloughby Holt MI 48842		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WASHINGTON, MICHELLE <del>531 NE NEWPORT</del> <del>LEE'S SUMMIT, MO 64064</del>			<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3989 Wolloughby Holt MI 48842		
<b>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 617, 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.</b>							
SIGNATURE: <i>Rev Mary Katherine Dombek</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>12/30/05</i> PHONE: <i>772-337-9879</i>			

# *Transformational Communications, Inc.*

2892 SE Italy St ♥ Port St Lucie FL 34952 ♥ phone/ fax 772.337.9879

Florida Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

December 30, 2005

Dear Madam or Sir,

Enclosed is my completed 2005 Not-For-Profit Reinstatement Form. I moved this year and did not receive a notification to file for this year. The only way that I realized that I needed to reinstate was when I was asked a question about filing for another non-profit that I am involved with. I am enclosing 2 checks, one for \$8.75 for the Certificate of Status and another for \$61.25. I called your office today to ask how much I needed to send because I did not receive notification. I also wanted to reinstate on line today and that was unavailable. The agent I spoke with advised me to enclose this letter of explanation with my checks and reinstatement form.

Thank you, for your assistance in clarifying this reinstatement.

Sincerely,

*Rev Mary Katherine Dombek*  
Rev Mary Katherine Dombek