

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009455

FILED
Jul 21, 2006
Secretary of State

Entity Name: TRANSFORMATIONAL COMMUNICATIONS, INC.

Current Principal Place of Business:

2892 SE ITALY STREET
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2892 SE ITALY STREET
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 84-1638272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOMBEK, MARY KATHERINE REV
2892 SE ITALY STREET
PORT ST LUCIE, FL 34952 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOMBEK, MARY KATHERINE
Address: 2892 SE ITALY STREET
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: D () Delete
Name: DOMBEK, DAVID
Address: 2892 SE ITALY STREET
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: D () Delete
Name: ELLSWORTH, JANET REV
Address: 964 NE WUEST WAY
City-St-Zip: BEND, OR 977-1

Title: D () Delete
Name: LILES, RHONDA REV
Address: POST OFFICE BOX 113265
City-St-Zip: METAIRIE, LA 70011

Title: D () Delete
Name: WASHINGTON, JOHN REV
Address: 3989 WOLLOUGHBY
City-St-Zip: HOLT, MI 48842

Title: D () Delete
Name: WASHINGTON, MICHELLE
Address: 3989 WOLLOUGHBY
City-St-Zip: HOLT, MI 48842

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

07/21/2006

Electronic Signature of Signing Officer or Director

Date