# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2008**
**Secretary of State**

DOCUMENT# N03000009455

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 WIEST 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 |
| Name: | |
| 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 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: MARY KATHERINE DOMBEK D 01/09/2008

Electronic Signature of Signing Officer or Director — Date