2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # P01000073710 TRANSLUCENT SOLUTIONS, INC. Principal Place of Business Mailing Address 1950 NW 29TH ROAD C/O COMPUKEEPER BOCA RATON, FL 33431 2298 NW 2ND AVE., #20 BOCA RATON, FL 33431 No Chg-P 01292008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1121999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLS, STEVEN DO NOT WRITE 1950 NW 29TH ROAD BOCA RATON, FL 33431 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000894029 '24/08-8001I-020 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE MILLS, STEVEN NAME STREET ADDRESS 1950 NW 29TH ROAD CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filting 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or treater 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

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED