

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092821

FILED
Apr 29, 2005
Secretary of State

Entity Name: TRANSAM DOCUMENT SHREDDING, INC.

Current Principal Place of Business:

4563 MARIOTTI CT.
101
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4563 MARIOTTI CT.
101
SARASOTA, FL 34229

New Mailing Address:

FEI Number: 80-0005285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, MICHAEL G
594 OAK BAY DR
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

MARTIN, MICHAEL C
4563 MARIOTTI CT
101
SARASOTA, FL 34293 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: MICHAEL MARTIN

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAY, MICHAEL G
Address: 594 OAK BAY DR
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: BLAKE, RICHARD A
Address: 5864 TIDEWOOD AVE
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Delete
Name: MARTIN, MICHAEL C
Address: 1143 SLEEPY HOLLOW CT
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, MICHAEL C
Address: 4563 MARIOTTI CT
City-St-Zip: SARASOTA, FL 34233

Title: VP (X) Change () Addition
Name: BLAKE, RICHARD A
Address: 5864 TIDEWOOD AVE
City-St-Zip: SARASOTA, FL 34231

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MARTIN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date