## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2008 08:00 All Secretary of State DOCUMENT # P02000043015 1. Entity Name TRANN TECHNOLOGIES, INC. Principal Place of Business Mailing Address 12526 U.S. HIGHWAY 90 P.O. BOX 1221 MOSSY HEAD, FL 32434 MOSSY HEAD, FL 32434 30 30 L 04032008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 01-0692793 Not Applicable \$8,75 Additional and the first transplate with a wearing 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, GEORGE R DO NOT WRIT 561 BLUE MOUNTAIN BEACH ROAD SANTA ROSA BEACH, FL 32549 Problem de la desemblación de la companya de la co 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. Lam familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Added to Fees Trust Fund Contribution 10. OFFICERS AND DIRECTORS TITLE NAME KUREY BRYANE make and aller of the specific separation 590 CIRCLE DRIVE EAST STREET ADDRESS 000000884636 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 04/17/08-80051-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS The same firm of the proof same professions propagation (199 CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

AME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered

changed, or on an attachme

SIGNATURE

FILED