


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90243 003 \*\*\*158.75

**54030398**

<b>DOCUMENT # PQ3000000631</b>			
1. Entity Name <b>TECHNOLOGY TRANSFORMATION, INC.</b>			
Principal Place of Business <b>428 WALNUT STREET GREEN COVE SPRINGS, FL 32043</b>		Mailing Address <b>428 WALNUT STREET GREEN COVE SPRINGS, FL 32043</b>	
2. Principal Place of Business <b>697 Cherry Grove Road</b>		3. Mailing Address <b>697 Cherry Grove Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orange Park FL</b>		City & State <b>Orange Park, FL</b>	
Zip <b>32073</b>	Country <b>FL</b>	Zip <b>32073</b>	Country
4. FEI Number <b>57-1159704</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUVAL, STEPHEN J 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Stephen J. Duval</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <i>Stephen J. Duval</i> (NOTE: Registered Agent signature required when re-registering) DATE <b>3-19-04</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Michael Madum 697 Cherry Grove Road Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Officer Michael Fitzsimmons 2740 Claire Lane Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Officer George Bass 624 Claire Lane Orange Park FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Michael Madum</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE <i>Michael J. Madum</i> Date <b>3/24/04</b> Daytime Phone <b>904-258-2514</b>	