


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000015209 1. Entity Name TRANSACTIONAL SERVICES, INC.	
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3750689	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WASSERMAN, BRIAN
807 RIVERS COURT
ORLANDO, FL 32828

**DO NOT WRITE
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)

100000172634
01/06/05-80007-005 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WASSERMAN, BRIAN
STREET ADDRESS	807 RIVERS COURT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	WASSERMAN, LYNN
STREET ADDRESS	807 RIVERS COURT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	TOMPKINS, PAUL
STREET ADDRESS	650 POYDRAS STREET - SUITE 1425
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	D
NAME	GOODALL, RICHARD
STREET ADDRESS	7940 CASTLE PINE AVENUE
CITY-ST-ZIP	LAS VEGAS, NV 89113
TITLE	D
NAME	AYRES, RYAN
STREET ADDRESS	1031 WATERSIDE LANE
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/05