


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90063 024 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                  |                                                                              |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P03000015209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                  |                                                                              |                                                                                                       |  |
| 1. Entity Name<br><b>TRANSACTIONAL SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                  |                                                                              |                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>807 RIVERS COURT<br/>ORLANDO, FL 32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                  | Mailing Address<br><b>807 RIVERS COURT<br/>ORLANDO, FL 32828</b>             |                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 3. Mailing Address                                                               |                                                                              |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | Suite, Apt. #, etc.                                                              |                                                                              |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | City & State                                                                     |                                                                              | 4. FEI Number<br><b>04-3750689</b>                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | Country                                                                          |                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                  |                                                                              | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>WASSERMAN, BRIAN</b><br><b>807 RIVERS COURT</b><br><b>ORLANDO, FL 32828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                  |                                                                              | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                  |                                                                              |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WASSERMAN, BRIAN</b>           | NAME                                                                             |                                                                              |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>807 RIVERS COURT</b>           | STREET ADDRESS                                                                   |                                                                              |                                                                                                                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ORLANDO, FL 32828</b>          | CITY - ST - ZIP                                                                  |                                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WASSERMAN, LYNN</b>            | NAME                                                                             |                                                                              |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>807 RIVERS COURT</b>           | STREET ADDRESS                                                                   |                                                                              |                                                                                                                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ORLANDO, FL 32828</b>          | CITY - ST - ZIP                                                                  |                                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>GOODALL, RICHARD</b>           | NAME                                                                             |                                                                              |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7940 CASTLE PINE AVENUE</b>    | STREET ADDRESS                                                                   |                                                                              |                                                                                                                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>LAS VEGAS, NV 89113</b>        | CITY - ST - ZIP                                                                  |                                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>AYRES, RYAN</b>                | NAME                                                                             |                                                                              |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1031 WATERSIDE LANE</b>        | STREET ADDRESS                                                                   |                                                                              |                                                                                                                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>HOLLYWOOD, FL 33019</b>        | CITY - ST - ZIP                                                                  |                                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   | TITLE                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | NAME                                                                             | <b>Mark Dunn</b><br><b>7940 W. SL... Dr.</b><br><b>HATTON, WI 53029</b>      |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | STREET ADDRESS                                                                   |                                                                              |                                                                                                                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | CITY - ST - ZIP                                                                  |                                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   | TITLE                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | NAME                                                                             |                                                                              |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | STREET ADDRESS                                                                   |                                                                              |                                                                                                                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | CITY - ST - ZIP                                                                  |                                                                              |                                                                                                                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered. |                                   |                                                                                  |                                                                              |                                                                                                                                                                                        |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | 3/2/07 407.678.5886                                                              |                                                                              |                                                                                                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | Date Daytime Phone #                                                             |                                                                              |                                                                                                                                                                                        |  |