

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90071 033 \*\*\*150.00

<b>DOCUMENT # P03000015209</b>					
<b>1. Entity Name</b> TRANSACTIONAL SERVICES, INC.					
<b>Principal Place of Business</b> 807 RIVERS COURT ORLANDO, FL 32828			<b>Mailing Address</b> 807 RIVERS COURT ORLANDO, FL 32828		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1155 S. Semoran Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1111			
<b>City &amp; State</b>		<b>City &amp; State</b> Winter Park, FL		<b>4. FEI Number</b> 04-3750689	
<b>Zip</b>		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WASSERMAN, BRIAN 807 RIVERS COURT ORLANDO, FL 32828			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> WASSERMAN, BRIAN	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> WASSERMAN, LYNN	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> 807 RIVERS COURT	<b>CITY-ST-ZIP</b> ORLANDO, FL 32828		<b>STREET ADDRESS</b> 807 RIVERS COURT	<b>CITY-ST-ZIP</b> ORLANDO, FL 32828	
<b>TITLE</b> D	<b>NAME</b> GOODALL, RICHARD	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> AYRES, RYAN	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 7940 CASTLE PINE AVENUE	<b>CITY-ST-ZIP</b> LAS VEGAS, NV 89113		<b>STREET ADDRESS</b> 1031 WATERSIDE LANE	<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33019	
<b>TITLE</b> D	<b>NAME</b> GOODALL, RICHARD	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> AYRES, RYAN	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 2740 Las Vegas Blvd. S.	<b>CITY-ST-ZIP</b> LAS VEGAS, NV 89109		<b>STREET ADDRESS</b> 8814 Bailey Court	<b>CITY-ST-ZIP</b> Potomac, MD 21128	
<b>TITLE</b> D	<b>NAME</b> DUNN, MARK	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> DUNN, MARK	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 7790 West Shore Drive	<b>CITY-ST-ZIP</b> Hartland, WI 53029		<b>STREET ADDRESS</b> 7790 West Shore Drive	<b>CITY-ST-ZIP</b> Hartland, WI 53029	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Brian Wasserman</i> <b>Brian Wasserman</b> 1/11/08 407 678-5806					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					