

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018061

FILED
Aug 29, 2005
Secretary of State

Entity Name: TRANSPEND INC.

Current Principal Place of Business:

9421 SW 106TH AVENUE
MIAMI, FL 33176

New Principal Place of Business:

1832 WINDING RIDGE CIRCLE SE
PALM BAY, FL 32909 US

Current Mailing Address:

9421 SW 106TH AVENUE
MIAMI, FL 33176

New Mailing Address:

1832 WINDING RIDGE CIRCLE SE
PALM BAY, FL 32909

FEI Number: 16-1655389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOT, CARLOS
9421 SW 106TH AVENUE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

NICOT, CARLOS
1832 WINDING RIDGE CIRCLE SE
PALM BAY, FL 32909 US

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.

SIGNATURE:

08/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZGERALD, GALE
Address: 9421 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VSTD () Delete
Name: NICOT, CARLOS
Address: 9421 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: CLEARE, PENNY
Address: 9421 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VD (X) Delete
Name: VALDEZ, FRANK
Address: 9421 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: FITZGERALD, GALE
Address: 8 LAURELWOOD
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: MD (X) Change () Addition
Name: NICOT, CARLOS
Address: 1832 WINDING RIDGE CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

Title: MD (X) Change () Addition
Name: VALDEZ, FRANK
Address: 334 HELMUTH LANE
City-St-Zip: ALEXANDRIA, VA 22304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE FITZGERALD

MD

08/29/2005

Electronic Signature of Signing Officer or Director

Date