2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045858

Entity Name: INTERSTELLAR TRANSMISSIONS, INC.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

801 BELMONT PLACE 12132 SUNSET POINT CIRCLE BOYNTON BEACH, FL 33436 WELLINGTON, FL 334145594

Current Mailing Address: New Mailing Address:

801 BELMONT PLACE 12132 SUNSET POINT CIRCLE BOYNTON BEACH, FL 33436 WELLINGTON, FL 334145594

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REYNOLDS, EDWARD J II

801 BELMONT PLACE
BOYNTON BEACH, FL 33436 US

DURICA, DAVID J
12132 SUNSET POINT CIRCLE
WELLINGTON, FL 334145594 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: DAVID DURICA 04/29/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REYNOLDS, EDWARD J II
Address: 801 BELMONT PLACE

Address: 801 BELMONT PLACE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: DURICA, DAVID J

Address: 801 BELMONT PLACE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: DURICA, DAVID J

Address: 12132 SUNSET POINT CIRCLE City-St-Zip: WELLINGTON, FL 334145594

Title: VD (X) Change () Addition

Name: RUTH, DURICA C

Address: 12132 SUNSET POINT CIRCLE City-St-Zip: WELLINGTON, FL 334145594

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID DURICA PD 04/29/2007