


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90074 050 ***150.00

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| DOCUMENT # P03000061452 |  |
| 1. Entity Name TRANS ENGINEERING CORP. | |

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| Principal Place of Business 44 COLONY POINT DR PUNTA GORDA FL 33950 | Mailing Address 44 COLONY POINT DR PUNTA GORDA FL 33950 |
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| 2. Principal Place of Business 360 Hernando Ave Suite, Apt. #, etc. | 3. Mailing Address 360 Hernando Ave Suite, Apt. #, etc. |
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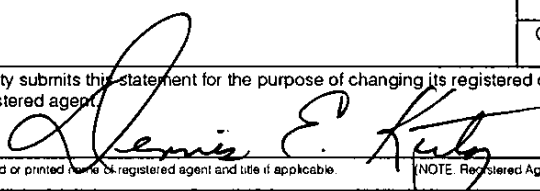
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|---------------------------------|---------------------------------|
| City & State SARASOTA | City & State SARASOTA |
| Zip 34243 | Country USA |
| Zip 34243 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 65-1190676 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KUTY, DENIS E 44 COLONY POINT DR PUNTA GORDA FL 33950 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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. | DATE 2/13/05 (NOTE: Registered Agent signature required when reinstating) |

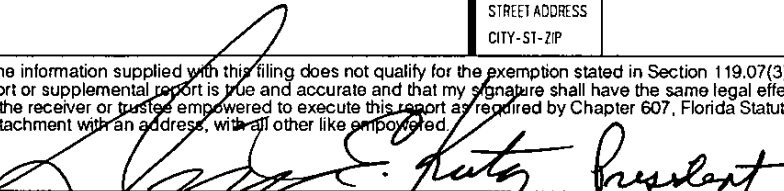
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete KUTY, DENIS E 44 COLONY POINT DR PUNTA GORDA FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kuty, Dennis E. 360 HERNANDO AVE SARASOTA FL 34243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kuty, Dennis E. 360 HERNANDO AVE, SARASOTA FL 34243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | President 2/13/05 941-626-1093 Date Daytime Phone # |
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