

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059645

FILED
May 08, 2008
Secretary of State

Entity Name: TRANSACTIONS PLUS, INC.

Current Principal Place of Business:

1801 N PINE ISLAND RD
SUITE 210
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1801 N PINE ISLAND RD
SUITE 210
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-1719209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBARA, CORDILEONE
1801 N PINE ISLAND RD
SUITE 210
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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:

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: D () Delete
Name: CORDILEONE, ANTHONY
Address: 1801 N PINE ISLAND RD SUITE 210
City-St-Zip: PLANTATION, FL 33322

Title: VD () Delete
Name: CORDILEONE, BARBARA
Address: 1801 N PINE ISLAND RD SUITE 210
City-St-Zip: PLANTATION, FL 33322

Title: PD () Delete
Name: CALDERONE, JENNIFER
Address: 1801 N PINE ISLAND RD SUITE 210
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JENNIFER CALDERONE

PD

05/08/2008

Electronic Signature of Signing Officer or Director

Date