2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000103779** 04-22-2005 90272 040 ***150.00 TRANSITIONS GROUP ASSOC. INC. Mailing Address Principal Place of Business 2004100 1053 MAITLAND CENTER COMMONS BLVD 2ND FL 1053 MAITLAND CENTER COMMONS BLVD 2ND FL MATTALND, FL 32751 MAJTALND, FL 32751 2. Principal Place of Business 7512 Dr Phillips Blyd 3. Mailing Address 7512 Dr Phillips Blvd Suite, Apt. 4, etc. Stc 50 Unit 130 Suite, Apt. #, etc. 04022005 CR2E034 (10/03) Cho-P Ste 50 Unut 130 City & State City & State 4. FEI Number flied For Forda Acrido Orlando, Orlando Country Country \$8.75 Additional 5. Certificate of Status Desired П 32819 32819 U.S Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent WALKER & THDHOUSE, P.A. 1053 MAITLAND CENTER COMMONS BLVD 2ND FL MAITALND, FL 32751 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. Tam familiar with and accept the obligations of registered/agent. STRONKS SIGNATURE. (NOTE: Registered Agent signature required when ronstating) Screence, typed or printee name of repretered agent and title if applicable. CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete Secretary **Addition** TITLE TITLE ☐ Change Shouse Chabat. Toll De Phillips Blud Ste 50 RMB 130 Mindo Pt 32819 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP III E ☐ Delete TEST F ☐ Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7XP CITY-ST-7/P TITLE Oetete TIBLE ☐ Change ■ Addition MANA STREET ADORESS STREET ADORESS C114-21-26 CTTY-ST-ZEP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TITLE Delete TITLE Channe ☐ Addition MALK MALE STREET ADDRESS STREET ADDRESS DTY-57-ZP CITY-ST-ZIP 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 an other like smoothed. SIGNAIG OFFICER OR DIRECTOR 12-4-05. SIGNATURE: A. MARR Devime Phone

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