## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000103779

FILED Apr 30, 2009 Secretary of State

Entity Nam	1e: TRANSITIO	ONS GROUP ASSOC. INC.		•	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7512 DR. P SUITE 50, U ORLANDO					
Current Mailing Address:			<b>New Mailing Addres</b>	New Mailing Address:	
7512 DR. PHILLIPS BLVD. SUITE 50, UNIT 130 ORLANDO, FL 32819					
FEI Number:	46-0484755	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102 US			1601 PARK CENTER SUITE 6A	SMALL BUSINESS RESOURCES USA, INC. 1601 PARK CENTER DRIVE SUITE 6A ORLANDO, FL 32835 US	
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JAMES K. DUERR, CPA				04/30/2009	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHABAT, SHÀÚN	PS BLVD., STE. 50 UNIT 130	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STRANKS, STÚA	PS BLVD., STE 50 UNIT 130	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	QB () [ EGERTON, KIM	Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SHAUNA CHABAT S 04/30/2009

7512 DR. PHILLIPS BLVD., STE 50 UNIT 130

ORLANDO, FL 32819

Address: City-St-Zip: