2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000139413 1. Entity Name TRANS GLOBAL INDUSTRIES, INC.					FILED			
Principal Place 3307 HADLE ORLANDO, F		Mailing Address 3307 HADLEIGH CREST ORLANDO, FL 32817 US			05 SEP 14 AM.II: 02 SCONCIANT OF STATE FALLAHASSEE, FLORIDA			
Suite, Apt. #, etc. Suite, Apt. #, etc.			WOOD DRIVE		09092005	Chg-P	CR2E034 (10/03)	
City & Stat	NDO, FL	City & State ORLANDO, FL Zip Country			4. FEI Numb 20-172		N	oplied For ot Applicable
3282	3 US 32828 6. Name and Address of Current Registered Agent		U	5		of Status Desired	Fee Require	
MACONI, KEITH W 3307 HADLEIGH CREST ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name MACONI, KEITH W Street Address (P.O. Box Number is Not Acceptable) 4221 ATWOOD DRIVE City ORLANDO FL Zip Code 22828				
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 KEITH MACONII, PRESIDENT 9-9-05 Signature, typg6 of printed name of registered agent and liste if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. TITLE	OFFICERS AND DIRECTORS 11. P □ Delete Tift			P			FFICERS AND DIRECTOR Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MACONI, KEITH W 3307 HADLEIGH CREST ORLANDO, FL 32817		NAME STREET A CITY-ST-	NDORESS 427		KEITH W DOD DRIV , FL		
NAME STREET ADDRESS CHY-ST-ZIP	VP Delete TITL JENKINS, THOMAS W 2313 ASCOT AVENUE ORLANDO, FL 32833			DONESS	1.0) <u>ဂ</u> ဝန္ဘေ	□ Change 74 □ 181 	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TITLL			ADDRESS (184/1	5	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		7		Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	l l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	l l			☐ Change	Addillen
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 eath; 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.								
SIGNATURE: KEITH MACONI 9.9.05 407 737 0988 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desture Proces								