2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P04000156017

Entity Name: TRANSAMERICA TRAINING MANAGEMENT, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD
#203
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BLVD
#203
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1236300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLINK, BARRY J CO-PRES
2199 PONCE DE LEON BLVD
#203
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLINK, BARRY
Address: 16710 SW 82ND COURT
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete
Name: ALBELO, GABRIEL
Address: 1611 S. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARRY FLINK P 04/29/2008

Electronic Signature of Signing Officer or Director Date