2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092894

Entity Name: TRANSLATION EXPERTS INC.

FILED Jul 02, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	UMN LEAF C [*] IVILLE, FL 32			
Current Mailing Address:			New Mailing Address:	
	UMN LEAF C [*] IVILLE, FL 32			
FEI Number	: 02-0745900	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
3833 AUTI	IARDIA, FELIF UMN LEAF C' IVILLE, FL 32	Γ.		
The above in the State	named entity e of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Ager			ent	Date
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P/D (DE LA GUARD 3833 AUTUMN JACKSONVILL	LEAF CT.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP/T (DE LA GUARD 3833 AUTUMN JACKSONVILL	LEAF CT.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (DE LA GUARD 3833 AUTUMN JACKSONVILL	LEAF CT.	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: FELIPE DE LA GUARDIA P/D 07/02/2006