## 2008 FOR PROFIT CORPORATION

## May 19, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000105845** 05-19-2008 90038 009 \*\*\*150.00 TRANSFORMATIONAL JOURNEYS, INC. Principal Place of Business P.O. Box Mailing Address **4010414**₩ 3<del>37 MISTY OAKS RUN</del> 113 Secluded 181144 337 MISTY OAKS RUN -> Oaks Court CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 32718-1144 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0550219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, KELLY K 113 Secluded Oaks Court DO NOT WRITE 337 MISTY OAKS RUN-CASSELBERRY, FL 32707 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE BROWN, KELLY K NAME 337 MISTY CAKE RUN 113 Secluded Oaks STREET ADDRESS Court CITY-ST-ZIP CASSELBERRY, FL 32707 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

BROWN, President

SIGNATURE:

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of 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.