2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/22/2007-90088-001-\$150.00-\$150.00

CH CO

1. Entity Nam	MENT # P06000125 Ansmission, inc.	169		HOISIVI	TARY OF STATE OF CORPORATIONS 19 PM 4: 05	
Principal Plac 360 BUSINES BAY #6 ROYAL PALM		Mailing Address 360 BUSINESS PARKWAY BAY #6 ROYAL PALM, BEACH, FL 33	3411			
360 BU	SINESS PARK WAY	3. Mailing ddress 360 84510655 PM	ANKWAY		181 1700 NOOL OLDE VEIS OHTE LEISEN 1870	
Bay	# # 6	BAU #6		01152007 Chg-P	CR2E034 (12/06)	
Roya State	Palm Beach	Royal Palm Bea	ch_	20-563739	Applied For Not Applicable	
334	111 Palm Beach	33411 6	733A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<u> </u>	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New F	Registered Agent	
HIRSCH AND COMPANY CPAS INC 175 W CAMINO REAL BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)		
	•		City		FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or regist	ered agent, or both, in the State of Fi	orida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a:	nd site if applicable (NOTE: Regit	stered Agent signature requir	ed when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Section Campaign Fig. Trust Fund Contribution		5.00 May Be Ided to Fees		
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFF		
HAME STREET ADDRESS CHY-ST-ZIP	P FLEITAS, BLAS 360 BUSINESS PARKWAY BAY ROYAL PALM BEACH, FL 33411	#6	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENITEZ, BENSON 360 BUSINESS PARKWAY BAY (ROYAL PALM BEACH, FL 33411	¥6	TITLE NAME STREET ADDRESS CITY-ST-ZIP R	P. Pritez, Vincent To Business Pan Wal Palm Beach	Heliange □ Addition Kuny Bay #6 , Fi 3341/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		— ☐ Change ☐ Addition	
TIFLE MAME STREET ADORESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
CITY-ST-ZIP	<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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:	Blake		561-795-6840	
	SHINATURE AND TYPHO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Oute	Daytene Phone #	