

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139128

FILED
Apr 16, 2007
Secretary of State

Entity Name: TRANSPORTATION MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

755 SW 189 AVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18450 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33029

Current Mailing Address:

755 SW 189 AVE
PEMBROKE PINES, FL 33029

New Mailing Address:

18450 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33029

FEI Number: 20-5824088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: MAGILL, PHILLIP
Address: 755 SW 189 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MIRANDA, FRANCIS V
Address: 755 SW 189 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MAGILL, CLAUDIA V
Address: 755 SW 189 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: PHILIP MAGILL

MR.

04/16/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date