
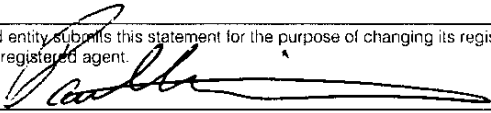
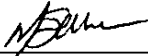


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 047 ***150.00

DOCUMENT # P07000020444					
1. Entity Name TRANSEASTERN HOLDING CORP.					
Principal Place of Business 3005 SW THIRD AVENUE FORT LAUDERDALE, FL 33315 US			Mailing Address P.O. BOX 770787 OCALA, FL 34477-0787 US		
2. Principal Place of Business - No P.O. Box # 3400 SW 60TH AVE		3. Mailing Address P.O. Box 770787			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 01092008 Chg-P CR2E034 (12/06)	
Zip 34474		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, MARK S 3005 SW THIRD AVENUE FORT LAUDERDALE, FL 33315			7. Name and Address of New Registered Agent Name PAUL STIEHL Street Address (P.O. Box Number is Not Acceptable) 91 SOUTH JEFFERY ST City BEVERLY HILLS FL Zip Code 34465		
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  PAUL STIEHL 3-30-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALLEN, MARK S P.O. BOX 770787 OCALA, FL 344770787 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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 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:  MARK ALLEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-30-2008 352-789-9059 <small>Date Daytime Phone #</small>		