

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000020109

Entity Name: TRANS SHOPPE, INC.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

3128 9TH STREET NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

3128 DR MLK JR ST N (9TH)
ST. PETERSBURG, FL 33704

Current Mailing Address:

3128 9TH STREET NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

3128 DR MLK JR ST N (9TH)
ST. PETERSBURG, FL 33704

FEI Number: 59-3367860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVIGNE, MAR
3128 9TH STREET NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

LAVIGNE, MARK
3128 DR MLK JR ST N (9TH)
ST. PETERSBURG, FL 33704 US

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: MARK LAVIGNE

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAVIGNE, MARK
Address: 7151 64TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: S () Delete
Name: LAVIGNE, ANNETTE
Address: 7151 64TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARK LAVIGNE

DR

04/19/2009

Electronic Signature of Signing Officer or Director

Date