2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 A[M]
Secretary of State

DOCUMENT # P 02000008799

Entity Name

TRANSTEK INTERNATIONAL CO., INC.

Principal Place of Business	Mailing Address
325 S ORLANDO AVE	325 S ORLANDO AVE
WINTER PARK FL 32789	WINTER PARK FL 32789

1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip Country

4. FEI Number 03-04-01759

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

LINARTAS, PAUL
325 S ORLANDO AVE
WINTER PARK FL 32789

7. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPDT	[ ] Delete
NAME	LINARTAS, JOSEPH	
STREET ADDRESS	325 S ORLANDO AVE	
CITY ST ZIP	WINTER PARK FL 32789	
TITLE	P	[ ] Delete
NAME	LINARTAS, PAUL	
STREET ADDRESS	325 S. ORLANDO AVENUE	
CITY ST ZIP	WINTER PARK FL 32789	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
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CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

U00000719310
05/01/07-80057-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.