2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000077502

Entity Name

TRANSAMERICA FUND SERVICES, INC.



FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90496 007 ***150.00

Principal Place of Business 570 CARILLON PKWY PO BOX 5068 CLEARWATER, FL 33758-5068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 8. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324-1202 City & State City & State City & State Diff Engineer Agent synuse registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$\$550.00 Principal Place of Business Mailing Address Address Address Applied For Sp-3403587 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. PLE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$\$550.00 After May 1, 2005 Fee will be \$\$550.00 Delete Tits NAME SIRRET ARCRESS Addition PKBU Y CAPTER, JOHN K SIRET ARCRESS Addition NAME SIRET ARCRESS To CAPILLON PKWY To CAPTER, JOHN K SIRET ARCRESS To CAPILLON PKWY To CAPTER, JOHN K SIRET ARCRESS To CAPILLON PKWY To CAPTER, JOHN K SIRET ARCRESS To CAPILLON PKWY To CAPTER, JOHN K To CAPTER, JOHN JOHN To CAP
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CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324-1202 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 Signature. typed or printed name of registered agent and title 4 applicable. (NOTE, Registered Agent signature required when rendshing) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE CD Change Addition Change Christopher A. Stoples
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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 Signature. typed or printed name of registered agent and title disophicable. (NOTE: Registered Agent signature required when renetating) Part DATE PILE NOWILL FEE IS \$150.00
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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.

SIGN	ATURE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

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