## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90197 035 \*\*\*150.00 DOCUMENT # P97000057228 1. Entity Name TRANEX, INC. Allagen Principal Place of Business Mailing Address 3665 BEE RIDGE RD., STE. 310 3665 BEE RIDGE RD., STE. 310 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0766733 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCSWEENEY, ANINA C 3665 BEE RIDGE RD., STE. 310 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34233 City Zip Code FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITLE ■ Change ☐ Addition McSweeney, Anina C 3665 Bee Ridge Road MCSWEENEY, A C NAME NAME #310 STREET ADDRESS 3665 BEE RIDGE RD, 310 STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34223 Sarasota, FL 34233 CITY-ST-ZIP TITLE Delete TITLE TX Change Addition NAME THOMAS, DMC NAME Thomas, Dora Maria C STREET ADDRESS 3665 BEE RIDGE RD, 310 STREET ADDRESS 3665 Bee Ridge Road #310 CITY-ST-ZIP ARASOTA, FL 34233 CITY-ST-ZIP <u>Saraso</u>ta, FL 34233 TITLE VT ☐ Delete TITLE ☐ Change ■ Addition CARRION, J R NAME NAME STREET ADDRESS 3665 BEE RIDGE RD, 310 STREET ADDRESS CITY-ST-ZIP SARASSOTA, FL 34233 CITY-ST-ZIP W TITLE Delete TITLE TY Change ☐ Addition Harrision.Jr; C W HARRISON, CW JR NAME NAME 5385 SE Taylore Ave STREET ADDRESS 5385 SE TAYLOR AVE STREET ADDRESS Arcadia, FL 34266 City-St-ZIP ARCADIA, FL 34266 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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

homas

4-10-06 941-923.4551

with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

changed, or on an atta

SIGNATURE:

**FILED**