

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 015 ***158.75

DOCUMENT # P97000108679 1. Entity Name TRANSPARENT TECHNOLOGY SERVICES CORPORATION			
Principal Place of Business 100 VILLAGE SQUARE CROSSING 105 WEST PALM BEACH, FL 33410		Mailing Address 100 VILLAGE SQUARE CROSSING 105 WEST PALM BEACH, FL 33410	
2. Principal Place of Business <i>100 Village Square Crossing</i>		3. Mailing Address <i>100 Village Square Crossing</i>	
Suite, Apt. #, Etc. <i>Suite #105</i>		Suite, Apt. #, Etc. <i>Suite #105</i>	
City & State <i>Palm Beach Gardens, FL</i>		City & State <i>Palm Beach Gardens, FL</i>	
Zip 33410	Country USA	Zip 33410	Country USA
4. FEI Number 65-0824972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIETWYK, THOMAS 100 VILLAGE SQUARE CROSSING STE 105 PALM BEACH GARDENS, FL 33410		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 <i>[Signature]</i> DATE <i>4/29/04</i> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D RIETWYK, THOMAS 100 VILLAGE SQUARE CROSSING STE 105 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/29/04</i> Daytime Phone # <i>561-207-6100</i>	