


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90050 019 \*\*\*150.00

<b>DOCUMENT # P97000108679</b> 1. Entity Name <b>TRANSPARENT TECHNOLOGY SERVICES CORPORATION</b>			
Principal Place of Business <b>100 VILLAGE SQUARE CROSSING SUITE 105 WEST PALM BEACH, FL 33410</b>		Mailing Address <b>100 VILLAGE SQUARE CROSSING SUITE 105 WEST PALM BEACH, FL 33410</b>	
2. Principal Place of Business <i>100 Village Square Crossing</i> Suite, Apt. #, etc. <i>SUITE # 105</i> City & State <i>Palm Beach Gardens, FL</i> Zip <i>33410</i> Country <i>USA</i>		3. Mailing Address <i>100 Village Square Crossing</i> Suite, Apt. #, etc. <i>SUITE # 105</i> City & State <i>Palm Beach Gardens, FL</i> Zip <i>33410</i> Country <i>USA</i>	
4. FEI Number <b>65-0824972</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIETWYK, THOMAS 100 VILLAGE SQUARE CROSSING STE 105 PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>RIETWYK, THOMAS</b> <b>100 VILLAGE SQUARE CROSSING STE 105</b> <b>PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Thomas Rietwyk</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>3/8/05</i> Daytime Phone #: <i>561 207 6100</i>	