

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000108679**

1. Entity Name  
**TRANSPARENT TECHNOLOGY SERVICES  
CORPORATION**



Principal Place of Business  
**100 VILLAGE SQUARE CROSSING  
SUITE 105  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**100 VILLAGE SQUARE CROSSING  
SUITE 105  
PALM BEACH GARDENS, FL 33410**



04252007 No Chg-P. CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| 4. FEI Number<br><b>65-0824972</b>                        | Applied For<br><input type="checkbox"/>   |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

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

**RIETWYK, THOMAS  
100 VILLAGE SQUARE CROSSING  
STE 105  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RIETWYK, THOMAS<br/>100 VILLAGE SQUARE CROSSING STE 105<br/>PALM BEACH GARDENS, FL 33410</b> |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|

000000750046  
05/18/07-80045-022 150.00

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 5612076100  
Date Daytime Phone-3