


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90165 048 \*\*\*150.00

<b>DOCUMENT # P98000056766</b>			
1. Entity Name TRANSCONTINENTAL TECHNOLOGIES, INC.			
Principal Place of Business 3151 CLINT MOORE ROAD, SUITE 103 BOCA RATON, FL 33496		Mailing Address 3151 CLINT MOORE ROAD, SUITE 103 BOCA RATON, FL 33496	
2. Principal Place of Business 1450 N.W. 108 Ave Suite, Apt. #, etc. 257		3. Mailing Address 1450 N.W. 108 Ave Suite, Apt. #, etc. 257	
City & State PLANTATION FL		City & State PLANTATION FL	
Zip 33322	Country USA	Zip 33322	Country USA
6. Name and Address of Current Registered Agent MAX, HENRY A 3151 CLINT MOORE ROAD, SUITE 103 BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1450 N.W. 108 Ave Suite 257 City PLANTATION FL Zip Code 33322	
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: _____			
<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"/> \$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	CEOD MAX, HENRY A 3151 CLINT MOORE ROAD, SUITE 103 BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1450 N.W. 108 Ave. #257 PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MAX, AUDREY 3151 CLINT MOORE ROAD, SUITE 103 BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1450 N.W. 108 Ave. #257 PLANTATION FL 33322
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
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
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
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:** *Henry A. Max* HENRY A. MAX (APRIL 24, 2005) 305-794-7337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20048153



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4. FEI Number 65-0854958 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required