## 2006 EQR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # P98000056766** t. Entity Name TRANSCONTINENTAL TECHNOLOGIES, INC. Mailing Address Principal Place of Business 1450 NW 108 AVE 1450 NW 108 AVE STF 257 PLANTATION, FL 33322 PLANTATION, FL 33322 US No Chg-P CR2E034 (11/05) 01212003 DO NOT WRITE IN THIS SPACE Applied For 4 FF(Number 65-0854958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE MAX, HENRY A 1450 NW 108 AVE **STE 257** IN THIS SPACE PLANTATION, FL 33322 3. 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, typed or printed name of registered agent and title if applicable. PAOTE. Registered Agent agneture required when reinstaling) FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CEOD ITTLE UUDUUU 488568 VAZI 2006-80017-001-150.00 MAX, HENRY A NAME 1450 NW 108 AVE STE 257 STREET ADDRESS PLANTATION, FL 33322 CITY-ST-ZIP TITLE MAX, AUDREY 1450 NW 108 AVE STE 257 STREET ADDRESS CHY-ST-ZIP PLANTATION, FL 33322 NAUF DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Epsil 1 2006 305-794-7337

**FILED**