

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000102939

1. Entity Name
TRANSMISSIONS OF W.P.B., INC.



Principal Place of Business
6533 SOUTHERN BLVD., BLDG. 3, #13
W. PALM BCH, FL 33413-1721

Mailing Address
6533 SOUTHERN BLVD., BLDG. 3, #13
W. PALM BCH, FL 33413-1721

DO NOT WRITE IN THIS SPACE

**FILED
Feb 07, 2005 8:00 am
Secretary of State**

02-07-2005 90081 011 ***150.00

40014014



01162005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0884473 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE: NOW!!! FEE IS: \$150.00~~
~~After May 1, 2005 Fee will be \$550.00~~

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | PTD |
| NAME | NORRIS, BRUCE |
| STREET ADDRESS | 6533 SOUTHERN BLVD., BLDG 3 #13 |
| CITY-ST-ZIP | W. PALM BEACH, FL 334131721 |

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

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/05