2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P98000102939

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

Current Principal Place of Business:

6533 SOUTHERN BLVD., BLDG. 3, #13
BLDG #3, #13
W. PALM BCH, FL 334131721

New Principal Place of Business:

6533 SOUTHERN BLVD., BLDG. 3, #13
BLDG #3, #13
W. PALM BCH, FL 334131721 US

Current Mailing Address:

6533 SOUTHERN BLVD., BLDG. 3, #13
W. PALM BCH, FL 334131721

New Mailing Address:

FEI Number: 65-0884473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, BRUCE
6533 SOUTHERN BLVD., BLDG. 3, #13
BLDG. #3, #13
W. PALM BCH, FL 334131721 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NORRIS, BRUCE
Address: 6533 SOUTHERN BLVD, BLDG 3 #13
City-St-Zip: W. PALM BEACH, FL 334131721

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE NORRIS PRES 02/27/2009

Electronic Signature of Signing Officer or Director Date