

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102939

FILED  
Feb 08, 2010  
Secretary of State

**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 US

**New Principal Place of Business:**

**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  
Name: NORRIS, BRUCE  
Address: 6533 SOUTHERN BLVD, BLDG 3 #13  
City-St-Zip: W. PALM BEACH, FL 334131721

I hereby 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 all other like empowered.

SIGNATURE: BRUCE NORRIS

PTD

02/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date