

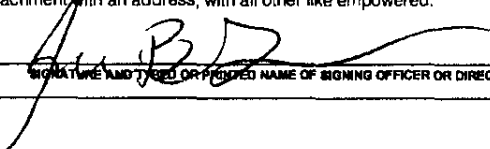


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P99000066122			
1. Entity Name INET-TRANS INC.			
Principal Place of Business 7143 SR 54 #267 NEW PORT RICHEY, FL 34653		Mailing Address 7143 SR 54 #267 NEW PORT RICHEY, FL 34653	
DO NOT WRITE IN THIS SPACE			
			
		03072008 No Chg-P CR2E034 (11/05)	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEEZER, JONATHAN 7143 SR 54 #267 NEW PORT RICHEY, FL 34653		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000854541 03/27/08-80013-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLEEZER, JONATHAN 7143 SR 54 #267 NEW PORT RICHEY, FL 34653		
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DO NOT WRITE IN THIS SPACE			
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: 		03/07/08 727-946-1237	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	