
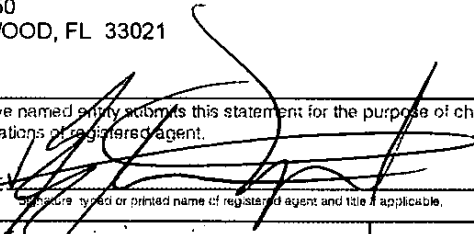
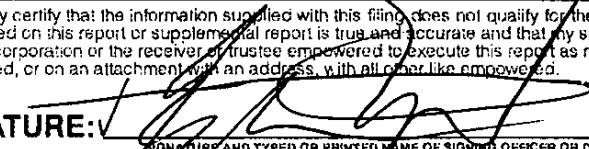


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 050 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P99000091202 | |  | |
| 1. Entity Name TRANSMARK, INC. | | | |
| Principal Place of Business 41 S.E. 9TH STREET, STE. A DEERFIELD BEACH, FL 33441 | | Mailing Address 41 S.E. 9TH STREET, STE. A DEERFIELD BEACH, FL 33441 | |
| 2. Principal Place of Business 1221 SE 11 AVENUE | | 3. Mailing Address PO BOX 1100 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State DEERFIELD BCH FL | | City & State DEERFIELD BCH FL | |
| Zip 33441-5381 | Country BROWARD | Zip 33443-1100 | Country BROWARD |
| 6. Name and Address of Current Registered Agent GRAND, MARK S ESQ. 3440 HOLLYWOOD BLVD SUITE 450 HOLLYWOOD, FL 33021 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: 4/26/06 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D YOUNT, ELIZABETH 41 S.E. 9TH STREET, STE. A DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1221 SE 11 AVENUE DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP OGDEN, JAMES 3594 COCO LAKE DR. COCOUNT CREEK, FL 33073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date: 4/26/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |