2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# V61403

Entity Name: TRANSAM CORPORATION

Current Principal Place of Business:

1628 TREASURE LN
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 519
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 65-0359657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, WILLIAM K.
825 WRIGHT ST
ENGLEWOOD, FL 34223 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

OFFICERS AND DIRECTORS:

Title: DCT ( ) Delete
Name: HONEY, J K
Address: P.O. BOX 579
City-St-Zip: BOCA GRANDE, FL 33921

Title: V ( ) Delete
Name: HONEY, A E J
Address: 1298 MILL GLEN DR
City-St-Zip: ATLANTA, GA

Title: SV ( ) Delete
Name: LYONS, WILLIAM K
Address: 825 WRIGHT ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: P (X) Delete
Name: HODSON, PETER M
Address: 300 BRIGHTON DR
City-St-Zip: RICHMOND, VA 23235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCT (X) Change ( ) Addition
Name: HONEY, J K
Address: P.O. BOX 579
City-St-Zip: BOCA GRANDE, FL 33921

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

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

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: WILLIAM K LYONS VP 02/28/2008

Electronic Signature of Signing Officer or Director Date