2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 18, 2007 8:00 am Secretary of State

DOCUMEN # V64908				Secretary of State					
TRANSNATIONAL AGENCY, INC.					05-18-2007 9	90024 002 ***	150.00		
Principal Place of Business 322 WOODY CIRCLE MELBOURNE BEACH FL 32951 US		Mailing Address P.O. BOX P.O. BOX 642120 VERIO BEACH FL 32964 511238 WELL BOUY NU BOUCL FL 3		8 7 32451	3245/				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, atc.		Suite, Apt. #, etc.		1:	1st MOORE CR2E034 (10/06)				
City & Stato		City & State		4. FEI Numl	4. FEI Number 65-0363221 Applied For Not Applied				
Zip	Country	Zip	Country	5. Certificat	5. Certificate of Status Desired S8.75 Add Fee Required			litional	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
322	SKIE, JOAN WOODY CIRCL	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
MELBOURNE BEACH FL 32951									
	# _V 70		City		FL Zip Code				
	named entity submits this statemen ions of registered agent:	t for the purpose of changing	its registered office or r	egistered agent, or b	oth, in the State of	Florida. I am fami	liar with,	and accept	
SIGNATURE .	Signature, lyned or printed fame of registered ag	ient and tule i zandicable. (N	OTE: Registered Agent signature	e recoved when reinstatura)		DATE			
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FILE NOW!!! FEE S \$150.00 After May 1; 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Car Trust Fund C	npaign Financing Contribution.		00 May Be d to Fees	
10.	OFFICERS A		11.	ADDITIONS	SICHANGES TO C	FFICERS AND DIF	ECTOR	2 INI 11	
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CITY-ST-ZIP			CITY-SI-ZIP					ı	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-7IP

TITLE

NAMI.

SIGNATURE:

HIFE

NAME:

STREET ADDRESS

CITY-ST-ZIP

IA PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Dayting Prione #

☐ Change

Addition