

Regulator File No.
08 4-1124



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SECURITIES AND EXCHANGE COMMISSION
Washington, D. C. 20549

OMB APPROVAL
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MAY 08 2006

FORM TA-1

ORIGINAL

**UNIFORM FORM FOR REGISTRATION AS A TRANSFER AGENT AND FOR AMENDMENT
TO REGISTRATION PURSUANT TO SECTION 17A OF THE
SECURITIES EXCHANGE ACT OF 1934**

GENERAL: Form TA-1 is to be used to register or amend registration as a transfer agent with the Comptroller of the Currency, the Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation or the Securities and Exchange Commission pursuant to Section 17A of the Securities Exchange Act of 1934. Read all instructions before completing this form. Please print or type all responses.

1. Appropriate regulatory agency (check one) (See General Instruction D):	
<input type="checkbox"/> Comptroller of the Currency	<input type="checkbox"/> Board of Governors of the Federal Reserve System
<input type="checkbox"/> Federal Deposit Insurance Corporation	<input checked="" type="checkbox"/> Securities and Exchange Commission
2. Filing status of this form (check one):	
<input type="checkbox"/> Registration	<input checked="" type="checkbox"/> Amendment to Registration
3.a. Full name of registrant:	
Republic Stock Transfer, Inc. dba TranShare	
Previous name, if being amended:	
Republic Stock Transfer, Inc.	
b. Financial Industry Number Standard (FINS) number (See Special Instruction A1):	
283895	
c. Address of principal office where transfer agent activities are, or will be, performed (See Special Instruction A2): (Number and Street) (City) (State) (Zip Code)	e. Telephone Number: (Include Area Code)
5105 DTC Parkway, Suite 325, Greenwood Village, CO 80111	(303)662-1112
d. Mailing address, if different from response to Question 3c:	
4. Does registrant conduct, or will it conduct, transfer agent activities at any location other than that given in question 3c above? If "yes," provide address(es):	
Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does registrant act, or will it act, as a transfer agent solely for its own securities and/or securities of an affiliate(s)? (See Special Instruction A5)	
Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Handwritten initials and date: 01906 BB

Applicant Name: Republic Stock Transfer, Inc. dba TranShare

OFFICIAL USE

Date: May 1, 2006

6. Has registrant, as a named transfer agent, engaged, or will it engage, a service company to perform any transfer agent functions?

Yes

No

If "yes," provide the name(s) and address(es) of all service companies engaged, or that will be engaged, by the registrant to perform its transfer agent functions:

Name:

Address: (Number and Street)

(City)

(State)

(Zip Code)

Name:

Address: (Number and Street)

(City)

(State)

(Zip Code)

7. Has registrant been engaged, or will it be engaged, as a service company by a named transfer agent to perform transfer agent functions?

Yes

No

If "yes," provide the name(s) and FINS number(s) of the named transfer agent(s) for which the registrant has been engaged, or will be engaged, as a service company to perform transfer agent functions:

Name:

FINS Number:

Delete

Name:

FINS Number:

Name:

FINS Number:

Name:

FINS Number:

Name:

FINS Number:

**ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT
CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)**

EXECUTION: The registrant submitting this form, and as required, the SEC supplement and Schedules A-D, And the executing official hereby represent that all the information contained herein is true, correct and complete.

Manual signature of Official responsible for form:



Title:

CEO

Name of Official responsible for form:
(First name, Middle name, Last name)

Mark A. Bogani

Date executed (Month/Day/Year):

May 1, 2006

Regulator/File No. 084-	SEC Supplement to Form TA-1	OMB APPROVAL	
		OMB Number: 3235-0084	Expires: April 30, 2003
		Estimated average burden hours per response 2.0	

Completion of the SEC Supplement to Form TA-1 is required of all independent, non-issuer registrants whose appropriate regulatory agency is the Securities and Exchange Commission.

Full name of registrant:		
1. If registrant is a:		
<input checked="" type="checkbox"/> Corporation – Complete Schedule A	<input type="checkbox"/> Sole Proprietorship – Complete Schedule C	
<input type="checkbox"/> Partnership – Complete Schedule B	<input type="checkbox"/> Other (specify): _____ - Complete Section C	
2. Does any person or entity not named in Schedules A, B or C:		
(a) directly or indirectly, through agreement or otherwise exercise or have the power to exercise control over the management or policies of applicant; or	Yes	No
(If yes, state on Schedule D the exact name of each person or entity and describe the agreement or other basis through which such person or entity exercises or has the power to exercise control.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) wholly or partially finance the business of applicant, directly or indirectly, in any manner other than by a public offering of securities made pursuant to the Securities Act of 1933 or by credit extended in the ordinary course of business by suppliers, banks and others ?	Yes	No
(If yes, state on Schedule D the exact name of each person or entity and describe the agreement or arrangement through which such financing is made available, including the amount thereof.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Definitions:		
Control affiliate	- An individual or firm that directly or indirectly controls, is under common control with, or is controlled by applicant. Included are any employees identified in Schedules A, B, C or D of this form as exercising control. Excluded are any employees who perform solely clerical, administrative support of similar functions, or who, regardless of title, perform no executive duties or have no senior policy making authority.	
Investment or investment related	- Pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, investment company, investment adviser, futures sponsor, bank, or savings and loan association).	
Involved	- Doing an act of aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.	
A. In the past ten years has the applicant or a control affiliate been convicted of or plead guilty or nolo contendere (“no contest”) to:		
(1) a felony or misdemeanor involving: investments or an investment-related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) any other felony?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Has any court in the past ten years:		
(1) enjoined the applicant or a control affiliate in connection with any investment-related activity?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) found that the applicant or a control affiliate was involved in a violation of investment-related statutes or regulations?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:		
(1) found the applicant or a control affiliate to have made a false statement or omission?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) found the applicant or a control affiliate to have been involved in a violation of its regulations or statutes?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) found the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked or restricted?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) entered an order denying, suspending or revoking the applicant’s or a control affiliate’s registration or otherwise disciplined it by restricting its activities?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- D. Has any other Federal regulatory agency or any state regulatory agency:
- | | | |
|---|--------------------------|-------------------------------------|
| (1) ever found the applicant or a control affiliate to have made a false statement or omission or to have been dishonest, unfair, or unethical? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) ever found the applicant or a control affiliate to have been involved in a violation of investment-related regulations or statutes? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) ever found the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) in the past ten years entered an order against the applicant or a control affiliate in connection with investment-related activity? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5) ever denied, suspended, or revoked the applicant's or a control affiliate's registration or license, or prevented it from associating with an investment-related business, or otherwise disciplined it by restricting its activities? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6) ever revoked or suspended the applicant's or a control affiliate's license as an attorney or accountant? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- E. Has any self-regulatory organization or commodities exchange ever:
- | | | |
|--|--------------------------|-------------------------------------|
| (1) found the applicant or a control affiliate to have made a false statement or omission? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) found the applicant or a control affiliate to have been involved in a violation of its rules? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) found the applicant or a control affiliate to have been the cause of an investment-related business losing its authorization to do business? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) disciplined the applicant or a control affiliate by expelling or suspending it from membership, by barring or suspending its association with other members, or by otherwise restricting its activities? | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- F. Has any foreign government, court, regulatory agency, or exchange ever entered an order against the applicant or a control affiliate related to investments or fraud?
- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- G. Is the applicant or a control affiliate now the subject of any proceeding that could result in a yes answer to parts A-F of this item?
- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- H. Has a bonding company denied, paid out on, or revoked a bond for the applicant or a control affiliate?
- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- I. Does the applicant or a control affiliate have any unsatisfied judgments or liens against it?
- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. For each yes to Item 3, provide on Schedule D the following details of any court or regulatory action:

- the individuals named in the action
- the title and date of the action
- the court or body taking the action and its location
- a description of the action
- the disposition of the proceeding

File Number 084- DATE: Mo/Day/Yr	Schedule A of SEC Supplement to Form TA-1 For Corporate Registrants	
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This form requests information on corporate registrants.

1. Please complete appropriate columns for:
 - A. each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and persons with similar status or functions, and
 - B. each other person who is, directly or indirectly the beneficial owner of 5% or more of any class of equity security of registrant.
2. Check "Control Person" column if person has "control." Control is defined as:
 Control - The power to direct or cause the direction of the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any individual or firm that is a director, partner or officer exercising executive responsibility (or having similar status or functions) or that directly or indirectly has the right to vote 25 percent or more of the voting securities or is entitled to 25 percent or more of the profits is presumed to control that company.
3. Ownership codes are:

NA - 0 to 5%	B - 10% up to 25%	D - 50% up to 75%
A - 5% up to 10%	C - 25% up to 50%	E - 75% up to 100%

ADD	Section for Initial Registration and for Amendments Reporting Additional Persons.
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FULL NAME Last First Middle	Social Security Number	Date of Relationship (Beginning)		Title or Status	Ownership Code		Control Person
		Month	Year				
Bogani, Mark A.	523 -13 - 6053	Feb	2005	CEO	D		YES
Kaufmann, Linda	522 - 66 - 4441	Feb	2005		D		YES
Fanchi, Cindie	560 - 96 - 5325	Nov	2005	GCO	NA		NO
	- -						
	- -						
	- -						
	- -						
	- -						
	- -						

AMEND	Section for amendments reporting changes in the title, status or ownership code of previously reported persons.
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	- -						
	- -						
	- -						
	- -						
	- -						
	- -						
	- -						
	- -						

DELETE	Section for amendments to report deletion of previously reported persons.
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		(Ending)					
		Month	Year				
	- -						
	- -						
	- -						
	- -						
	- -						