


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90049 042 ***150.00

DOCUMENT # P93000013924	
1. Entity Name HEIDI H. TURK, P.A.	

Principal Place of Business 310 17TH ST VERO BEACH, FL 32960 US	Mailing Address 310 17TH ST SUITE 8 VERO BEACH, FL 32960 US
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2. Principal Place of Business - No P.O. Box # 310 17th Street	3. Mailing Address 310 17th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach FL	City & State Vero Beach FL
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Zip 32960	Country USA	Zip 32960	Country USA
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01282008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0390571	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURK, HEIDI H 1545 GRACEWOOD LANE VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name Heidi H. TURK Street Address (P.O. Box Number is Not Acceptable) 1000 Crescent Beach Road City Vero Beach FL Zip Code 32963
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TURK, HEIDI H STREET ADDRESS 1545 GRACEWOOD LANE CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE D NAME Turk, Heidi H STREET ADDRESS 1000 Crescent Beach Rd CITY-ST-ZIP Vero Beach, FL 32963	<input checked="" 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
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 another like empowered.

SIGNATURE: Heidi H. Turk 1/30/08 772-770-4787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #