
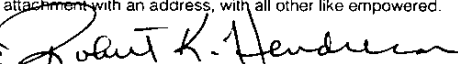


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90049 020 ****70.00

DOCUMENT # 759188 1. Entity Name TURN ABOUT, INC. OF TALLAHASSEE					
Principal Place of Business 2771 MICCOSUKEE RD. TALLAHASSEE, FL 32308			Mailing Address 2771 MICCOSUKEE RD. TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2147472	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVES, JAMES S 123 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, KEN		NAME	HENDERSON, ROBERT K.	
STREET ADDRESS	1811-4 HARTSFIELD ROAD		STREET ADDRESS	497 STONEHOUSE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32303	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSELS, LEON		NAME	ROLLINS, STEPHAN A., Ph.D.	
STREET ADDRESS	440 AUDUBON DRIVE		STREET ADDRESS	864 MANERIA CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32312	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNWELL, GUY		NAME	CORNWELL, GUY	
STREET ADDRESS	6242 GRANVILLE ROAD		STREET ADDRESS	6242 GRANVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, JOHN		NAME	PERRY, LISA	
STREET ADDRESS	1425 E. PIEDMONT DRIVE, STE. 100		STREET ADDRESS	9230 OAKFAIR DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32317	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSELS, JOAN		NAME	MONTGOMERY, MELANIE	
STREET ADDRESS	440 AUDUBON DRIVE		STREET ADDRESS	1437 CONSTITUTION PLACE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAWAY, DONNA		NAME	KRAUSE, MENZA	
STREET ADDRESS	3031 LAKESHORE DRIVE		STREET ADDRESS	2324 GATES DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32312	
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 617, 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 _____ Daytime Phone # (950) 671-1920		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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