2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004411

Entity Name: THE TURNAROUND GROUP, INC. OF LOUISIANA

FILED Jul 09, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|---------------------------------------|---|--|--|
| 52410 CL/ WHITE C/ | ARK RD. ASTLE, LA 70 | 788 | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| PO BOX 1 WHITE CA | 20 ASTLE, LA 70 | 788 | | | |
| FEI Number | : 71-0895045 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| 1200 S. PI | ORATION SY: INE ISLAND R ION, FL 3332 | D. | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 93(2)(b), F.S., the corporation did n | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (CAMPESI, MIC 52410 CLARK WHITE CASTL | RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS (CAMPESI, RO 52410 CLARK WHITE CASTL | RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (CAMPESI, PA ⁻ 52410 CLARK WHITE CASTL | ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: PATRICK O CAMPESI D 07/09/2009