


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90002 010 \*\*\*150.00

<b>DOCUMENT # H81539</b> 1. Entity Name TURTLE BEACH CONSTRUCTION COMPANY, INC.	
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Principal Place of Business 631 U.S. HWY. #1, STE. 303 N. PALM BCH., FL 33408	Mailing Address 631 U.S. HWY. #1, STE. 303 N. PALM BCH., FL 33408
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2. Principal Place of Business 103 US Hwy one Suite, Apt. #, etc. SA	3. Mailing Address 103 US Hwy one Suite, Apt. #, etc. SA
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City & State Jupiter	City & State Jupiter
Zip 33477	Country USA

04282005 Chg-P CR2E034 (10/03)



4. FEI Number 59-2600222	Applied For <input type="checkbox"/> 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 SMALLEGANGE, BASTIAAN 631 U.S. HWY. #1, STE. 303 N. PALM BCH., FL 33408
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMALLEGANGE, BASTIAAN 631 U.S. HWY. #1, STE. 303 N. PALM BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 US Hwy one SA Jupiter FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, PAT 631 US HIGHWAY 1 STE 303 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 US Hwy One SA Jupiter FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SMALLEGANGE, MARJO G. 631 US HWY #1, STE 303 N. PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 US Hwy one SA Jupiter FL 33477
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 exemption stated in Section 119.07(3)(i), 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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