2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 19, 2006 08:00 Al Secretary of State DOCUMENT#J30893 1. Entity Name TURY'S INC. Mailing Address Principal Place of Business % GERHARDT A. SCHREIBER % GERHARDT A. SCHREIBER 15128 S.W. 72ND STREET 15128 S.W. 72ND STREET MIAMI, FL 33193 MIAMI, FL 33193 CR2E034 (11/05) 04132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2717022 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE DE CASTRO, CECILIA 15128 SW 72ND STREET MIAMI, FL 33193 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITLE DECASTRO, CECILIA V. NAME **15128 SW 72ND STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL. U00000518441 RTLE 05/02/06-80011-025 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CBY-SI-BP TITLE NAME STHEET ADDRESS CITY-ST-7IP HILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 abr 06 305385789

Daytime Phone #