


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 029 ***150.00

DOCUMENT # K45373 1. Entity Name TURVILLE HEATH, INC.	
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Principal Place of Business 1 N CLEMATIS ST WEST PALM BEACH FL 33401 US	Mailing Address P O BOX 4297 WEST PALM BEACH FL 33402 US
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2. Principal Place of Business 515 N. Flagler Drive Suite 300 P	3. Mailing Address Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33401 Country US	Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0088697		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHOPIN, FRANK L 1 CLEMATIS ST WEST PALM BEACH FL 33402		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive Suite 300 P City West Palm Beach FL Zip Code 33401

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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	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	SD CHOPIN, L. FRANK 1 CLEMATIS ST WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. Flagler Dr., Ste 300P West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, KATHLEEN 1 CLEMATIS ST WEST PALM BEACH FL 33402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 N. Flagler Dr., Ste 300P West Palm Beach, FL 33401
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 Section 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  **3/10/06** **561-655-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50005207
DISTINGUISHED
MANAGEMENT, INC.

2200 N. FLORIDA MANGO RD.
SUITE 402
WEST PALM BEACH, FL 33409
TELEPHONE: (561) 688-8933

MAILING ADDRESS:
P.O. BOX 4297
WEST PALM BEACH, FL 33402
FACSIMILE: (561) 688-8973

March 13, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

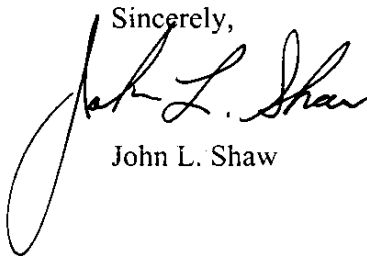
Re: Turville Heath, Inc.
Document #K45373

Dear Sir or Madam:

I enclose the 2006 Annual Report and \$150.00 filing fee for the above referenced corporation.

Please telephone me, should you have any questions.

Sincerely,



John L. Shaw

JLS/amc
Enclosures