2006 FOR PROFIT CORPORATION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Apr 14, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # K68778 1. Entity Name THE TURNAGE COMPANY Principal Place of Business Mailing Address 4114 HERSCHEL ST 4114 HERSCHEL ST IACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2939896 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TURNAGE, JR., THOMAS L. 4753 WAVERLY LANE JACKSONVILLE, FL 32210 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. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little it applicable. 04/27/06-80069-003 150.00 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 OFFICERS AND DIRECTORS 10. TITLE TURNAGE, THOMAS L. JR NAME 4753 WAVERLY LANE STREET ADDRESS JACKSONVILLE FL, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CKTY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-IP

FILED

12. I hereby certily 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.