


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # K90148 1. Entity Name TOURNEAU, INC. | |  | |
| Principal Place of Business 3 EAST 54TH STREET 3RD FLOOR NEW YORK, NY 10022 | | Mailing Address 3 EAST 54TH STREET 3RD FLOOR NEW YORK, NY 10022 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | | | |
| 4. FEI Number 13-2845578 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WEXLER, ROBERT 3 EAST 54TH STREET NEW YORK, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WEXLER, DAVID 3 EAST 54TH STREET NEW YORK, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRISHWASSER, DANIEL 3 EAST 54TH STREET NEW YORK, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | | |
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| 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 all other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 8/16/05 712 758 6022 <small>Date Daytime Phone #</small> | |