2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055218

Entity Name: HEAD-TURNER LLC

Address:

City-St-Zip:

PLANT CITY, FL 33566 US

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1409 PLANTATION CIR. 408 PLANT CITY, FL 33566 **New Mailing Address: Current Mailing Address:** 1409 PLANTATION CIR. 408 PLANT CITY, FL 33566 US FEI Number: 37-1568875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. TURNER, JASON E 320 S. FLAMINGO ROAD 1409 PLANTATION CIR 408 PEMBROKE PINES, FL 33027 US PLANT CITY, FL 33566 US 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. SIGNATURE: JASON TURNER 04/17/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete QUIGLEY, ALICIA Name: Name: Address: 1409 PLANTATION CIR. #408 Address: City-St-Zip: PLANT CITY, FL 33566 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: QUIGLEY, DAVID Name: Address: 1409 PLANTATION CIR. #408 Address: City-St-Zip: PLANT CITY, FL 33566 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TURNER, JASON Name: Name: 1409 PLANTATION CIR. #408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: JASON TURNER **MGRM** 04/17/2009