


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005666 1. Entity Name TURN AROUND DANIA BEACH, INC.	
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Principal Place of Business 301 SE 6TH STREET DANIA BEACH, FL 33004	Mailing Address 301 SE 6TH STREET DANIA BEACH, FL 33004
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DO NOT WRITE IN THIS SPACE

FILED
07 JAN 19 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1132680	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 STEELE, SOPHIA J 301 SE 6TH STREET DANIA BEACH, FL 33004

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, SOPHIA J 301 SE 6TH STREET DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRICE, TYRONE 301 SE 6 ST. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUCCILE, PATRICIA 306 SE 6 ST. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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800083804308
01/09/07--01036--006 **\$1.25

12. I hereby certify that the information supplied with this filing 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 617, 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]* *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/8/07 Daytime Phone # 984-9226215