


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90030 033 ***158.75

DOCUMENT # P01000024738

1. Entity Name
 TURNER WALL SYSTEMS, INC.



Principal Place of Business
 1243 TALLEVAST ROAD
 SARASOTA, FL 34243

Mailing Address
 1243 TALLEVAST ROAD
 SARASOTA, FL 34243


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4003300



03172006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-1087983

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E
 290 COCOANUT AVE
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name Charles T. Sprague

Street Address (P.O. Box Number is Not Acceptable)
1243 Tallevast Rd.

City Sarasota FL Zip Code 34243

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 Charles T. Sprague Charles T. Sprague, President 3/17/06 DATE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, SHELLY K 1243 TALLEVAST ROAD SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles T. Sprague 1243 Tallevast Rd. Sarasota FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MUSTARI, RONALD 290 COCOANUT AVE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Charles T. Sprague Charles T. Sprague 3/17/06 941 3587900

Signature and typed or printed name of signing officer or director Date Daytime Phone #