2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096711

Entity Name: TURNING POINT REALTY, INC.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 507-B NE 36TH AVE.
 103 ANTILLES COVE

 OCALA, FL 34470
 DESTIN, FL 32550

Current Mailing Address: New Mailing Address:

 507-B NE 36TH AVE.
 103 ANTILLES COVE

 OCALA, FL 34470
 DESTIN, FL 32550

FEI Number: 35-2158181 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:

FILLINGAME, JEAN T
507-B NE 36TH AVE.

OCALA, FL 34470 US

FILLINGAME, JEAN T
103 ANTILLES COVE
DESTIN, FL 32550 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: JEAN T. FILLINGAME 03/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: FILLINGAME, JEAN T Name: FILLINGAME, JEAN T

 Address:
 507-B NE 36TH AVE.
 Address:
 103 ANTILLES COVE

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 DESTIN, FL 32550

Title: SD () Delete Title: SD (X) Change () Addition
Name: FILLINGAME LYMAN D

 Name:
 FILLINGAME, LYMAN D
 Name:
 FILLINGAME, LYMAN D

 Address:
 507-B NE 36TH AVE.
 Address:
 103 ANTILLES COVE

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 DESTIN, FL 32550

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 FILLINGAME, JEAN T
 Name:
 FILLINGAME, JEAN T

 Address:
 507-B NE 36TH AVE.
 Address:
 103 ANTILLES COVE

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN T. FILLINGAME PD 03/30/2005