2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000080805* 1. Entity Name TURNER-MAY PUBLISHING GROUP INC						05	FILED OCT -7 FN 12:	33		
Principal Place of Business 677 N WASHINGTON BLVD #37 SARASOTA, FL 34236			Mailing Address 101 S. GULFSTREAM AVE. #51 SARASOTA, FL 34236			SEC Pad Well	SECRETATION AND AND COMMENTAL SECRETATION OF			
2. Principal Place of Business			677 N. WAShirston Blut							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09022005	Chg-P CR2	2E034 (10/03)		
City & State			SAFASOTA F/		1	4. FEI Number 55-084	•		oplied For ot Applicable	
Zip		-Country			rusota		of Status Desired	\$8.75 Add Fee Required		
TURNER,		e and Address of Current	Registered Agent		Name D	eAN TU	Address of New Register	∌d Agent		
101 S.GUL #5J	FSTREA	M AVE.			Street Addres	ss (P.O. Box Nymbo	er is Not Acceptable)	Suite #	<i>‡37</i>	
SARASOTA, FL 34236			•		SAL4	sota	<u> </u>	-L 3259	36	
8. The above names 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 redistered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$550.00 r Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	L CHANGES TO OFFICERS	AND DIRECTOR:	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	101 S.GL	, LISA MAY JLFSTREAM AVE. #5J TA, FL 34236	N. S		LE ME BEET ADDRESS Y-ST-ZIP	© 10 09/22	00059870 2/050104000) 26U 1 **183.	□ Addition .75	
TITLE NAME	VP TURNER	, DEAN	☐ Delete	TITI NAI				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1	ULFSTREAM AVE. #5J TA, FL 34236		STREET ADDRESS CITY-ST-ZIP		10/1	00059871 8/050108801	0860 N **50.	00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· .			☐ Change	☐ Addition	
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 supplied ental 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 of 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 4										

9-17-05

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