

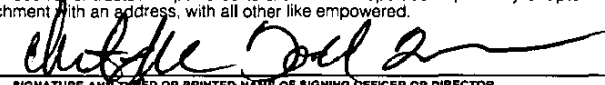


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90121 029 \*\*\*150.00

<b>DOCUMENT # P04000092239</b> 1. Entity Name <b>TODD TURNER TRANSMISSIONS, INC.</b>					
Principal Place of Business <b>3670 NE 18TH COURT</b> <b>OCALA, FL 34479 US</b>			Mailing Address <b>3670 NE-18TH COURT</b> <b>OCALA, FL 34479 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2920 SE 34TH STREET</b> Suite, Apt. #, etc.			
City & State <b>OCALA, FLORIDA</b>		City & State <b>OCALA, FLORIDA</b>		4. FEI Number <b>42-1634188</b>	
Zip <b>34471</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TURNER, TODD</b> <b>3670 NE 18TH COURT</b> <b>OCALA, FL 34479</b>				7. Name and Address of New Registered Agent Name <b>TURNER, CHRISTOPHER T</b> Street Address (P.O. Box Number is Not Acceptable) <b>2920 SE 34TH STREET</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34471</b>	
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  DATE <b>1-14-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TURNER, TODD</b> <b>3670 NE 18TH COURT</b> <b>OCALA, FL 34479</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TURNER, CHRISTOPHER T</b> <b>2920 SE 34TH STREET</b> <b>OCALA, FLORIDA 34471</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: 				(352)-622-5485	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	