FILED
Apr 28, 2006 8:00 am
Secretary of State
04-13-2006 90296 048 ***150.00

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04112006 Chg-P CR2E034 (11 05)

36 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000170648

1. Entity Name
TURBOFINISH, INC

Principal Place of Business	Mailing Address
275 PRADERA ST. ST AUGUSTINE, FL 32086	275 PRADERA ST. ST AUGUSTINE, FL 32086

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1713175 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COONEY, THOMAS J III 275 PRADERA ST ST AUGUSTINE, FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) DATE

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	P/D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COONEY, THOMAS J III	NAME	
STREET ADDRESS	275 PRADERA ST	STREET ADDRESS	
CITY ST ZIP	ST AUGUSTINE, FL 32086	CITY ST ZIP	
TITLE	VP/D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COONEY, JEREMY S	NAME	
STREET ADDRESS	6638 PUTNAM ST	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	T/S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COONEY, THOMAS J III	NAME	
STREET ADDRESS	275 PRADERA ST	STREET ADDRESS	
CITY ST-ZIP	ST AUGUSTINE, FL 32086	CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

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: Thomas J Cooney III — Thomas J Cooney III — 4/11/06 — 904 315-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #