2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073676

FILED Jan 17, 2006 Secretary of State

Entity Name: SHOWTURF, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
5105 SOUTH LOIS AVENUE TAMPA, FL 33611				2020 SEABIRD WAY RIVIERA BEACH, FL 33404		
Current Mailing Address:				New Mailing Address:		
5105 SOUTH LOIS AVENUE TAMPA, FL 33611				2020 SEABIRD WAY RIVIERA BEACH, FL 33404		
FEI Number:	FEI Number: 20-2885147 FEI Number Applied For ()		FEI Number Not Applicable () Certificate		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2909 BAY T TAMPA, FL	named entity si		pose of changing	its registered	office or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent					Date	
		Trust Fund Contribution ().	ADDITIO	NS/CHANCES	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ()I SHOWALTER, C 5105 SOUTH LO TAMPA, FL 336	Delete ARY B IS AVENUE	Title: Name: Address: City-St-Zip:	P (X SHOWALTER	X) Change()Addition , CARY B LOIS AVENUE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SHOWALTER	BAY TO BAY BLVD; SUITE 200	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	GIBSON, WIL	BAY TO BAY BLVD; SUITE 200	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	KENNEDY, DA	BAY TO BAY BLVD; SUITE 200	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (SHOWALTER 5105 SOUTH TAMPA, FL 3:	BAY TO BAY	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARY SHOWALTER Ρ 01/17/2006