2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000095608

1. Entity Name
ACUTURN, INC.

FILED
08 MAR 12 AM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-29-08 90012 004 $158.75

Principal Place of Business	Mailing Address
56 NEW HOOK RD C/O JOHN J PIRET BAYONNE, NJ 07002 US	PO BOX 231 56 NEW HOOK RD C/O JOHN J PIRET BAYONNE, NJ 07002 US

01102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 3030 SOUTH HORSE SHOE DR
Suite, Apt. #, etc.
City & State: NAPLES FL
Zip: 34104 Country: USA

3. Mailing Address: Same as before
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 20-3160978 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: JOHN J. PIRET
Street Address (P.O. Box Number is Not Acceptable): 26171 HICKORY BLVD.
UNIT 10A
City: BONITA SPRINGS FL Zip Code: 34134

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: X [signature] 1/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P PIRET, JOHN SR 56 NEW HOOK RD PO BOX 231 BAYONNE, NJ 07002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIRET, JOHN SR 56 NEW HOOK RD PO BOX 231 BAYONNE, NJ 07002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3/13 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 1/21/08 201-436-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #