


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 030 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P05000109081 1. Entity Name TURTLE & TREE, INC. | | | |  | |
| Principal Place of Business 252 E EAU GALLIE BLVD INDIAN HARBOUR BEACH, FL 32937 | | | Mailing Address 252 E EAU GALLIE BLVD INDIAN HARBOUR BEACH, FL 32937 | | |
| 2. Principal Place of Business none | | 3. Mailing Address 721 Greenwood Manor | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State W. Melbourne, FL | | 4. FEI Number 20 3293037 | |
| Zip 32904 | | Country Brevard | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCOTT, DONNA 252 E EAU GALLIE BLVD INDIAN HARBOUR BEACH, FL 32937 | | | 7. Name and Address of New Registered Agent Name Donna Scott Street Address (P.O. Box Number is Not Acceptable) 721 Greenwood Manor City W. Melbourne FL Zip Code 32904 | | |
| 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 Donna Scott DATE 5/1/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SCOTT, DONNA 252 E EAU GALLIE BLVD INDIAN HARBOUR BEACH, FL 32937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Donna Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 721 Greenwood Manor W. Melbourne FL 32904 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: Donna Scott <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5/1/2006 321 243 9169 <small>Date Daytime Phone #</small> | | |