2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # P05000149483** MG TURNBERRY, INC. Principal Place of Business Mailing Address 2000 N.E. 135TH STREET APARTMENT 810 2000 N.E. 135TH STREET APARTMENT 810 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 04062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 98-0472813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **HUTSON & DE TORRES P.A.** DO NOT WRITE 7700 NORTH KENDALL DRIVE SUITE 702 MIAMI, FL 33156 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE UUUUUU TUB (40 9. Election Campaign Financing \$5.00 May Be 04/24/07-80102-011 150.00 FILE NOW!!! FEE 18'\$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GARCES, MONICA NAME STREET ADDRESS 2000 N.E. 135TH STREET APARTMENT 810 CITY-ST-ZIP NORTH MIAMI, FL 33181 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attachmen an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED