


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P06716 1. Entity Name TURNER DEVELOPMENT CORPORATION	
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Principal Place of Business 375 HUDSON STREET NEW YORK, NY 10014	Mailing Address 375 HUDSON STREET NEW YORK, NY 10014
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02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2686470	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CECF SLEEMAN, DONALD 901 MAIN STREET DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPPERT, THOMAS C 901 MAIN STREET DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLOX, LORI V 901 MAIN STREET DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SLEEMAN, D.G. 375 HUDSON STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TOLERTINO, RAFAEL A 375 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/28/04 80021-065 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04 **(214) 915-9616**
Date Daytime Phone #