2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2006 8:00 am Secretary of State

1. Entity Name TURA HOLDINGS, INC.				04-28-2006 902	210 031 ***150.	00	
Principal Place of Business C/O TAX DEPT 500 ARCH ST WILLIAMSPORT, PA 17705		Mailing Address C/O TAX DEPT 500 ARCH ST WILLIAMSPORT, PA 17705					
2. Principal Pl	lace of Business	3. Mailing Address			A) 1114 III. BISU BISU BISU		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006 Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 52-1447407		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Addi		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
1201 HAYS SUITE 105		<i>I</i> PANY	Street Addres	ss (P.O. Box Number is Not Acceptable)			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000.		City		FL Zip Code	9	
	named entity submits this statement lions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florid		and accept	
SIGNATURE_	Signature, typed or printed name of registered ager	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig Trust Fund Contril	· ·	\$5.00 May Be udded to Fees		,	
10.	OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICE			
11TLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRODY, ARTHUR 990 HIGHLAND DR. SOLANA BEACH, CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		92075	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARGEN, JOSEPH 500 ARCH ST WILLIAMSPORT, PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ø Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIR, JOHN 7 DELAWARE DRIVE LAKE SUCCESS, NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	40 Cuttermill Rd Sreat Neck NY	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS UZUPIS, STEVEN 500 ARCH ST WILLIAMSPORT, PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		(\$\frac{1}{2}\text{Change}	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
indicated of the cor	on this report or supplemental report	is true and accurate and that mo	v signature shall have the	ned in Chapter 119, Florida Statutes. I fu he same legal effect as if made under oat 607, Florida Statutes; and that my name a	th: that I am an officer	or director	