2008 FOR PROFIT CORPORATION

FILED Feb 04, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P93000013924 1. Entity Name 02-04-2008 90049 042 ***150 00 HEIDI H. TURK, P.A. Principal Place of Business Mailing Address 310 17TH ST 310 17TH ST VERO BEACH, FL 32960 US SUITE 8 VERO BEACH, FL 32960 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 174 الملت Street 310 treet 310 Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Beach 65-0390571 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 94O US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ++ TUVK TURK, HEIDI H Street Address (P.O. Box Number is Not Acceptable) 1545 GRACEWOOD LANE VERO BEACH, FL 32963 Crescant Beach Zip Code 32943 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 little if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE □ Delete Addition Turk, Heidi H 1000 Crescant Beach Rd TURK, HEIDI H NAME NAME STREET ADDRESS 1545 GRACEWOOD LANE STREET ADDRESS Vero Beach, PL 32963 VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA