


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90453 025 \*\*\*150.00

<b>DOCUMENT # P95000063843</b> 1. Entity Name <b>TURNBERRY FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>ATTN: DOUGLAS J. HELSPER</b> <b>20295 N.E. 29TH PLACE</b> <b>AVENTURA, FL 33180</b>			Mailing Address <b>ATTN: DOUGLAS J. HELSPER</b> <b>20295 N.E. 29TH PLACE</b> <b>AVENTURA, FL 33180</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0647871</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>IGLER &amp; DOUGHERTY, P.A.</b> <b>1501 PARK AVE EAST</b> <b>TALLAHASSEE, FL 32301</b>			Name <b>Igler &amp; Dougherty, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2457 Care Drive</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>YOUNG, ROARK</b> <b>YOUNG STOVALL, 9627 S. DIXIE HWY.</b> <b>MIAMI, FL 33156</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Berlin, George</b> <b>19333 W. Country Club Dr.</b> <b>Aventura, FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATZ, RUBEN</b> <b>714 NE 59 STREET</b> <b>MIAMI, FL 33137</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Canida, Tere</b> <b>7125 Lago Drive, West</b> <b>Coral Gables, FL 33143</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HELSPER, DOUGLAS J</b> <b>20295 NE 29 PL</b> <b>AVENTURA, FL 33180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Stiefel, Charles</b> <b>255 Alhambra Circle, # 1000</b> <b>Coarl Gables, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Young, Burton</b> <b>17071 West Dixie Highway</b> <b>North Miami, FL 33160</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Welch, William</b> <b>8104 SW 86 Terrace</b> <b>Miami, FL 33143</b>	
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	
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.					
<b>SIGNATURE: <u>Roark Young</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-26-06</b> <b>(305) 931-7100</b> <small>Date Daytime Phone #</small>		