2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 8:00 am Secretary of State DOCUMENT # P95000070952 1. Entity Name 01-14-2005 90001 010 ***158.75 THE TURN KEY GROUP, INC. Principal Place of Business Mailing Address 323 PAGE BACON RD 323 PAGE BACON RD SUITE 17 SUITE 17 MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3335948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMICHAEL, GARY W Street Address (P.O. Box Number is Not Acceptable) 304 SE BROOKS STREET FORT WALTON BEACH, FL 32548 Zip Code 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Delete Pres, Director TITLE Change Addition MCMICHAEL, GARY W NAME NAME **304 SE BROOKS STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT WALTON BEACH, FL 32548 CITY-ST-7IP TITLE ☐ Delete πιε Sec, Treas ☐ Change Addition Lisa McMichael NAME 304 SE Brooks Street STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ft Walton Beach, FL 32548 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TO E ST · 🔲 Delete TITLE NAME & Change 🗔 د محمد ته 🗔 Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

1-12-2005

FILED