2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address

May 05, 2005 08:00 AM Secretary of State **DOCUMENT # P97000044155** 1. Entity Name THE TURBINE CONNECTION INC. Mailing Address Principal Place of Business **610 S BOUNDARY AVE** 610 S BOUNDARY AVE DELAND, FL 32720 DELAND, FL 32720 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCORDUCK, KEVIN DO NOT WRITE 610 S. BOUNDARY ST. **DELAND, FL 32721** 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 reinstating) DATE \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. - U00000363325 05/05/05-80152-024 150.00 TITLE MCCORDUCK, KEVIN NAME STREET ADDRESS 610 S BOUNDARY AVE. CITY-ST-ZIP DELAND, FL 32720 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 true employee employee this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED