## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000044525

Entity Name: ROB TUROWSKI INC

FILED Aug 07, 2006 Secretary of State

Current Bringing Blood of Business			New Principal Place	New Principal Place of Business:	
Current Principal Place of Business:			New Finicipal Flace	or business.	
2804 HAML PALM HAR	IN PL BOR, FL 3468	34			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2804 HAML PALM HAR	IN PL BOR, FL 3468	34			
FEI Number:	59-3517851	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
TUROWSK 2804 HAML PALM HAR		34 US			
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			ent	Date	
		B(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () TUROWSKI, RC 2804 HAMLIN P PALM HARBOR	L	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () TUROWSKI, BA 2804 HAMLIN P PALM HARBOR	L	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TUROWSKI P 08/07/2006