2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 08:00 AM **DOCUMENT # P99000076020 Secretary of State** TURNKEY SPECIALITES, INC. Principal Place of Business Mailing Address **592 BISCAYNE LA 592 BISCAYNE LA** SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 01072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0942741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULLIN, JAMES G DO NOT WRITE 2263 NW BOCA RATON BLVD, #205 BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when rejustating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FERRARO, BARBARA NAME STREET ADDRESS **592 BISCAYNE LA** CITY-ST-ZIP SEBASTIAN, FL 32958 TITLE U00000580998 01/10/07-80070-012 150.00 STREET ADDRESS CITY-ST-ZIP mne NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE MALKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

TITLE

STREET ADDRESS

SKINATURE AND TYPED OR PRINTED NAME OF BOMING OFFICER OR DIS

1/07/07

388-2120

Deytime Phone #

FILED