FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90138 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80115085

DOCUMENT # P99000108426

1. Entity Name
~~KERSEY, SCILLIA, PORSTER & BROOKS, INC.~~
TURNAROUND M & A, INC

Principal Place of Business	Mailing Address
~~333 N. NEW RIVER DRIVE E, 3RD FL~~ ~~FT. LAUDERDALE, FL 33301~~	~~333 N. NEW RIVER DRIVE E, 3RD FL~~ ~~FT. LAUDERDALE, FL 33301~~

2. Principal Place of Business	3. Mailing Address
2805 E. OAKLAND PK. BLVD.	2805 E. OAKLAND PK BLVD
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc. # 110
City & State FT. LAUDERDALE	City & State FT Lauderdale FL
Zip 33306 Country USA	Zip 33306 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 91-2016772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERSEY, KRISTA A 333 N NEW RIVER DRIVE, EAST 3RD FL FT. LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS SCILLIA, MICHEAL ~~333 N NEW RIVER DRIVE, EAST, 3RD FL~~ ~~FORT LAUDERDALE, FL 33304~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2805 E. OAKLAND PK BLVD. #110 FT. LAUD., FL. 33306
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISCHER, KAREN Z ~~333 N NEW RIVER DRIVE, EAST, 3RD FL~~ ~~FORT LAUDERDALE, FL 33301~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2805 E. OAKLAND PK BLVD #110 FT. LAUDERDALE, FL. 33306
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS APPELBLATT, GARY M 3610 AMERICAN RIVER DR., STE 112 SACRAMENTO, CA 95864	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 reports 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: [signature] Michael Scillia 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #