

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36107

Entity Name: TURBO-MED, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

4159-A CORPORATE CT
UNIT B-1
PALM HARBOR, FL 34683 US

New Principal Place of Business:

4159-A CORPORATE CT
PALM HARBOR, FL 34683 US

Current Mailing Address:

4159-A CORPORATE CT
UNIT B-1
PALM HARBOR, FL 34683 US

New Mailing Address:

4159-A CORPORATE CT
PALM HARBOR, FL 34683 US

FEI Number: 59-3054120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTLEWAITHE, JOHN
4159-A CORPORATE CT
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

POSTLETHWAITE, JOHN
4159-A CORPORATE CT
PALM HARBOR, FL 34683 US

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.

SIGNATURE: JOHN R. POSTLETHWAITE

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POSTLETHWAITE, JOHN
Address: 4159-A CORPORATE CT
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN R. POSTLETHWAITE

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date