

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052459

Entity Name: TURBINE KINETICS, INC.**Current Principal Place of Business:**C/O HEICO CORPORATION
3000 TAFT ST.
HOLLYWOOD, FL 33021**Current Mailing Address:**C/O HEICO CORPORATION
3000 TAFT ST.
HOLLYWOOD, FL 33021**FEI Number:** 65-0845883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDELSON, VICTOR HESQ
825 BRICKELL BAY DR., STE.1644
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name LETENDRE, ELIZABETH R
Address 3000 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33021Title TREA
Name MACAU, CARLOS L
Address 3000 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33021Title AS
Name VETTER, JUDITH W
Address 825 BRICKELL BAY DR., STE.1644
City-State-Zip: MIAMI FL 33131Title VPGM
Name CARLSON, RUSS
Address 3000 TAFT ST
City-State-Zip: HOLLYWOOD FL 33021Title CON
Name BURNES, DEBORAH
Address 60 SEQUIN DRIVE # A
City-State-Zip: GLASTONBURY CT 06033

I hereby 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 all other like empowered.

SIGNATURE: CARLOS L. MACAU**TREASURER****04/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date