2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYP

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # 523238** 04-18-2007 90195 005 ***150.00 MARTIN B. WARREN, INC. Principal Place of Business Mailing Address 40000 ** 9597 VERCELLI STREET 9597 VERCELLI STREET LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1713214 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLEY & WARREN, P.A. 1555 PALM BEACH LAKES BLVD Box Number is Not Acceptable) STE 1006 WEST PALM BEACH, FL. 33401 Yalm Beach 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 arm familiar with, and accept the obligations of registered agent **SIGNATURE** e of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITLE Delete TITLE ☐ Addition Change WARREN, MARTIN B NAME NAME STREET ADDRESS 9597 VERCELLI STREET STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP VPT TITLE ☐ Delete TITLE □ Change ■ Addition NAME WARREN, GLENDA NAME STREET ADDRESS 9597 VERCELL1 STREET ADDRESS CITY-ST-ZIP LAKEWORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-718 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 eport 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 in the file of population of the corporation or the corporation or the corporation of the

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561-649-2160