


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000004042</b>	
1. Entity Name MARTIN BROTHERS INTERNATIONAL, INC.	

Principal Place of Business 20 THORNDAL CIRCLE DARIEN, CT 06820	Mailing Address 20 THORNDAL CIRCLE DARIEN, CT 06820
---	---

**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3485911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retitling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILSENAN, MIKE 459 EAST 16 ST. JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITTON, ROBERT A 20 THORNDAL CIRCLE DARIEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIEGLER, KARL H 20 THORNDAL CIRCLE DARIEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZIEGLER, WILLIAM T 20 THORNDAL CIRCLE DARIEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORASANITI, RALPH 20 THORNDAL CIRCLE DARIEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000673936  
03/29/07-80049-006 150.00

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:**  **3/14/2007** **203-656-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #