


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # G11195	
1. Entity Name MARTIN NEWBY MANAGEMENT CORPORATION	

Principal Place of Business 3310 US HWY 301 N. ELLENTON, FL 34222	Mailing Address 3310 US HWY 301 N. ELLENTON, FL 34222
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2238015	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



04012008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	7. Name and Address of Now Registered Agent		
TURNER, JAMES L 200 S. ORANGE AVE. SARASOTA, FL 34236	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000909146
 05/06/08-80057-018 150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWBY, MARTIN		NAME	
STREET ADDRESS 3310 US HWY 301 N.		STREET ADDRESS	
CITY-ST-ZIP ELLENTON, FL 34222		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWBY, LORIE		NAME	
STREET ADDRESS 3310 US HWY 301 N.		STREET ADDRESS	
CITY-ST-ZIP ELLENTON, FL 34222		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWBY, TIMOTHY W		NAME	
STREET ADDRESS 3310 US HWY 301 N.		STREET ADDRESS	
CITY-ST-ZIP ELLENTON, FL 34222		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWBY, TODD N		NAME	
STREET ADDRESS 3310 US HWY 301 N.		STREET ADDRESS	
CITY-ST-ZIP ELLENTON, FL 34222		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Timothy W 24* **9/4/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #