

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90235 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059684

1. Entity Name
MARTEL TECHNOLOGY, INC.



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05012008 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address
 207 W. ALFRED ST. 207 W. ALFRED ST.
 TAVARES, FL 32778 TAVARES, FL 32778

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
207 W ALFRED ST 207 W ALFRED ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAVARES FLORIDA TAVARES FLORIDA

Zip Country Zip Country
32778 U.S.A 32778 USA

4. FEI Number Applied For
59-3727129 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional**
 Fee Required

6. Name and Address of Current Registered Agent
MESSADO, GORDON
207 W ALFRED ST
TAVARES, FL 32778

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MESSADO, GORDON 207 W ALFRED STREET TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MESSADO, GERZEL P 207 W ALFRED STREET TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-08 352-742-9950
Date Daytime Phone #