## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90164 034 \*\*\*150.00

DOCUMENT # P01000061886  1. Entity Name MARTNI HOLDINGS VII, INC.							0 <b>1 20 2</b> 000 3	010105	. 130	
Principal Place of Business 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819		Mailing Address 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819				1 18 DM 8 R 1 M 1 G R	689004		'	# <b>F#</b> # IN ( <b>411</b>
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0.	4242006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State		4.	FEI Number 59-37266	676		<b>→</b>	plied For t Applicable	
Zip	Country	Zip	Country				Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent		Name		Name and A	ddress of New Ro	egistered A	gent	
KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO, FL. 32819				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	9
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  Signature: typed or prizied name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con		ing 🔲	<b>\$5.00</b> Added to					
10.	OFFICERS AND		11.		A	DDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819	☐ Delete	NAME STREET CITY-S	ADDRESS IT-ZIP	DΡ				Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS	5728 N	, Randa Jajor B Jo, FL	lvd Ste		Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	AODRESS					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS St-Zip			-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Délete	FITLE NAME STREET CITY-S	( ADDRESS ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP					☐ Change	☐ 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:	12-9	( )	Rashidkhatib	4-27-06	407-354-2200
	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFIC	ME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #