


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000016363
1. Entity Name
MARTIN BROUDY, INC.



Principal Place of Business: 205 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084
Mailing Address: 205 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-0753228 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YONG, FRANK J
701 FISK STREET, SUITE 110
JACKSONVILLE, FL 32204

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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 re-instating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROUDY, MARTIN D
STREET ADDRESS	35 N PONCE DE LEON BLVD
CITY - ST - ZIP	ST AUGUSTINE, FL 32085
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/11/06-80073-020 150.00

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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

1/6/06 (904) 417-2090
Date Daytime Phone #

Martin Broudy