2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jun 18, 2007 8:00 am **Secretary of State** DOCUMENT # P99000066041 1. Entity Name 06-18-2007 90002 033 ***158.75 MARTRU, INC. Principal Place of Business Mailing Address 3750 NORTH US HWY 27 3750 NORTH US HWY 27 SUITE 3-B SUITE 3-B SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business - No PO. Box # 3. Mailing Address B-LOV-LE HAIR designs 3750 USHWY 27 Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number 65-0930237 City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired WIGHLANDS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABLES, CLIFFORD M III Street Address (P.O. Box Number is Not Acceptable) 551 SOUTH COMMERCE AVENUE SEBRING FL 33870 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 6-11-07 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S 607 193(2)(b), F.S., allows for the waiver of the \$400 00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TETLE Delete DELE ☐ Change OSBORNE, MARGIE MAME NAME STREET ADDRESS 3750 NORTH US HWY 27, SUITE 3-B STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Defete TITLE Change Addition MAKAE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CHY-S1-ZE TiTLE Delete HELE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Deiete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or supplicmental report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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.

FILED

6-11-07

ATTACHMENT

199000066041 Dear Sirs;

I know now that this is late, I just got this form back I do not do Computero, I'm going to try learning but that has hendered me in this.

I assumed the lawyers office was toeking Care of this. I went to aur Sloving office three times about this and was told that the about that does Corp. papers works in another office in another town in another office in another town so I could talk with her face to face. She told me to mail the Card and wait for the form to come wach. That's what I did and wach. That's what I did and

I will in the future try to deal with this myself instead of relying on someone else

P.S. Please the mail me forms. Truly Quoma Margie Quoma 3750 US Hwy 27 N. 3750 US Hwy 27 N. Sinte 3-By1. 33870 Serving,