## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F02000002389

1. Entity Name
MARTS & LUNDY, INCORPORATED

FILED Mar 31, 2006 08:00 AM Secretary of State

Principal Place of Business

1200 WALL STREET WEST LYNDHURST, NJ 07071 Mailing Address

1200 WALL STREET WEST LYNDHURST, NJ 07071



## DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2328092

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

		1			
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 printed name of registered agent and title it	epplicable. (NOTE: Registered	Agent signature	required when reinstating)	OATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		S. Election Campaign Financing     Trust Fund Contribution.     Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWLAND, CHARLES P 475 PATENCIO RD PALM SPRINGS, CA 92262				000000486337 04/13/06-80034-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JOLLY, RICHARD T 11 MCCARTHY ROAD CHADDS FORD, PA 19317				
title Name Street adoress City-St-Zip	S AVERY, LAURA J 264 LUCILLE AVENUE NORFOLK, VA 23504		DO NOT WRITE		
THEE NAME STREET ADDRESS CITY-ST-ZIP	C SINKUS, MICHAEL F 352 GRETNA GREEN DR CLEVELAND, OH 44143			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLOWS, DONALD M 8896 CALLE TRAGAR SAN DIEGO, CA 92129				
TIBLE NAME STREET ADDRESS CITY-ST-ZIP	D CASH, JOHN M 3008 SAN JOAN BLVD BELMONT, CA 94002	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

12. I hereby certify that the information supplied with this filling 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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:

PED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytens Phone #