


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90057 028 ***150.00

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1. Entity Name
MARTS & LUNDY, INCORPORATED



Principal Place of Business
**1200 WALL STREET WEST
 LYNDHURST, NJ 07071**

Mailing Address
**1200 WALL STREET WEST
 LYNDHURST, NJ 07071**

40036947



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01252007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
22-2328092

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

**CT CORPORATION
 1200 SOUTH PINE ISLAND RD
 PLANTATION, FL 33324**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOWLAND, CHARLES P	
STREET ADDRESS	475 PATENCIO RD	
CITY-ST-ZIP	PALM SPRINGS, CA 92262	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JOLLY, RICHARD T	
STREET ADDRESS	11 MCCARTHY ROAD	
CITY-ST-ZIP	CHADDS FORD, PA 19317	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVERY, LAURA J	
STREET ADDRESS	264 LUCILLE AVENUE	
CITY-ST-ZIP	NORFOLK, VA 23504	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SINKUS, MICHAEL F	
STREET ADDRESS	352 GREINA GREEN DR	
CITY-ST-ZIP	CLEVELAND, OH 44143	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELLOWS, DONALD M	
STREET ADDRESS	8896 CALLE TRAGAR	
CITY-ST-ZIP	SAN DIEGO, CA 92129	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASH, JOHN M	
STREET ADDRESS	3008 SAN JOAN BLVD	
CITY-ST-ZIP	BELMONT, CA 94002	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert C. Miskura	
STREET ADDRESS	240 Orient Way	
CITY-ST-ZIP	Rutherford, NJ 07070	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce McClintock	
STREET ADDRESS	191 Old Main St.	
CITY-ST-ZIP	New London, NH 03257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 as an attachment with an address, with all other like empowered.

SIGNATURE Robert C. Miskura Date 3/9/07 Daytime Phone # 201-460-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR