

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


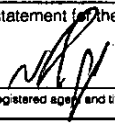
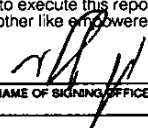
**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90105 049 \*\*\*150.00

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01162006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F05000000964</b>			
1. Entity Name <b>MARKEL HOLDINGS, INC.</b>			
Principal Place of Business <b>115 SOUTH CORONA AVE. VALLEY STREAM, NY 11581</b>		Mailing Address <b>115 SOUTH CORONA AVE. VALLEY STREAM, NY 11581</b>	
2. Principal Place of Business <b>6751 CHURCH ST</b>		3. Mailing Address <b>3238 JASON DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MULBERRY FL</b>		City & State <b>BELLMORE NY</b>	
Zip <b>33860</b>	Country <b>DOLK</b>	Zip <b>11710</b>	Country <b>NASSAU</b>
4. FEI Number <b>20-0179547</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PERDUE, TROY J ESQ. 911 CHESTNUT STREET CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARKEL, ROBERT 115 SOUTH CORONA AVE. VALLEY STREAM, NY 11581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3238 JASON DR BELLMORE, NY 11710</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP RACHEL MARKEL 3238 JASON DR BELLMORE, NY 11710</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date <b>1/17/06</b> Daytime Phone # <b>516 785 0756</b>	