


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05000005742 1. Entity Name MEN FROM MARS, INC.	
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Principal Place of Business 2001 E. DIVISION STREET, STE 101 ARLINGTON, TX 76011	Mailing Address P.O. BOX 201905 ARLINGTON, TX 76011
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0380497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE 101
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, DONOVAN 816 NORTH TRACE KELLER, TX 76248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP JONES, DAVID 903 CEDARLAND BLVD ARLINGTON, TX 76011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUITS, MEL 3605 BRANCHWOOD DRIVE PLANA, TX 75093
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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IN THIS SPACE**

03/04/06-00008-018 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/10/2006	Daytime Phone # _____
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