
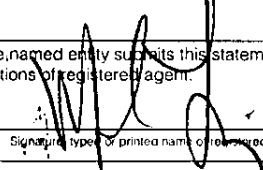
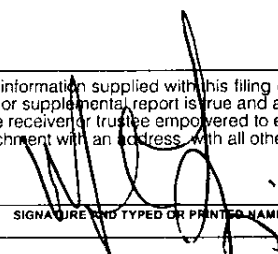


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90091 015 \*\*\*150.00

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # F05000005742</b>   |   |   |  |                            |   |
| <b>1. Entity Name</b><br><b>MEN FROM MARS, INC.</b>  |   |   |  |   |   |
| <b>Principal Place of Business</b><br><b>2001 E. DIVISION STREET, STE 101</b><br><b>ARLINGTON, TX 76011</b>  |   |   | <b>Mailing Address</b><br><b>P.O. BOX 201905</b><br><b>ARLINGTON, TX 76011</b>   |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b><br><b>1360 Post and Paddock</b><br><b>Suite, Apt. #, etc.</b><br><b>500</b>  |   | <b>3. Mailing Address</b><br><br><b>Suite, Apt. #, etc.</b>                                       |  |   |   |
| <b>City &amp; State</b><br><b>Grand Prairie TX</b>   |   | <b>City &amp; State</b>   |  |   |   |
| <b>Zip</b><br><b>75050</b>   |   | <b>Country</b><br><b>Dallas</b>   |  | <b>4. FEI Number</b><br><b>03-0380497</b>   |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><b>BUSINESS FILINGS INCORPORATED</b><br><b>1203 GOVERNORS SQUARE BLVD., STE 101</b><br><b>TALLAHASSEE, FL 32301</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br><b>Name</b><br><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><br><br><b>City</b> <span style="float: right;"><b>FL</b></span> <b>Zip Code</b> |   |   |
| <b>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.</b><br><br><b>SIGNATURE</b>  <span style="float: right;"><b>2-7-07</b></span><br><small>Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>PD</b> <input type="checkbox"/> <b>Delete</b><br><b>HALL, DONOVAN</b><br><b>816 NORTH TRACE</b><br><b>KELLER, TX 76248</b>       |   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                  | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>CVP</b> <input type="checkbox"/> <b>Delete</b><br><b>JONES, DAVID</b><br><b>903 CEDARLAND BLVD</b><br><b>ARLINGTON, TX 76011</b> |   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                  | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>STD</b> <input type="checkbox"/> <b>Delete</b><br><b>LUITS, MEL</b><br><b>3605 BRANCHWOOD DRIVE</b><br><b>PLANA, TX 75093</b>    |   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                  | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> <b>Delete</b>  |   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                  | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> <b>Delete</b>  |   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                  | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
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| <b>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.</b> |   |   |  |   |   |
| <b>SIGNATURE:</b>   |   |   |  | <b>2-7-07</b> <span style="float: right;"><b>972-647-6277</b></span><br><small>Date Daytime Phone #</small> |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |   |   |