2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# F06000001855

Entity Name: A. J. MARTINI, INCORPORATED

Current Principal Place of Business:

5 LOWELL AVE
WINCHESTER, MA 01890

New Principal Place of Business:

Current Mailing Address:

5 LOWELL AVE
WINCHESTER, MA 01890

New Mailing Address:

FEI Number: 04-2124138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APODACA, JAMES
2655 S BAYSHORE DR #512
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MARTINI, PAUL J
Address: 5 LOWELL AVE
City-St-Zip: WINCHESTER, MA 01890

Title: VCT ( ) Delete
Name: MARTINI, PETER
Address: 5 LOWELL AVE
City-St-Zip: WINCHESTER, MA 01890

Title: D ( ) Delete
Name: KIMBALL, CHARLES
Address: 5 LOWELL AVE
City-St-Zip: WINCHESTER, MA 01890

Title: S ( ) Delete
Name: BENOIT, CHRISTINE
Address: 5 LOWELL AVE
City-St-Zip: WINCHESTER, MA 01890

Title: P ( ) Delete
Name: AALERUD, R. WILLIAM
Address: 5 LOWELL AVE
City-St-Zip: WINCHESTER, MA 01890

Title: V ( ) Delete
Name: BERRY, ANDREA J
Address: 5 LOWELL AVE
City-St-Zip: WINCHESTER, MA 01890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA J. BERRY V 03/15/2007

Electronic Signature of Signing Officer or Director — Date