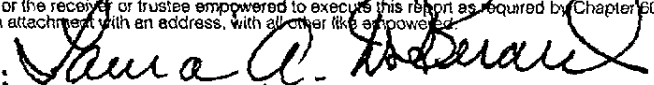


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G92194		
1. Entity Name MARTIN - ST. LUCIE INVESTMENT PROPERTIES, INC.		
Principal Place of Business C/O PHILIP E. DEBERARD, III, ESQ. 215 S.FEDERAL HWY.,STE.300 STUART, FL 34994	Mailing Address C/O PHILIP E. DEBERARD, III, ESQ. 215 S.FEDERAL HWY.,STE.300 STUART, FL 34994	
DO NOT WRITE IN THIS SPACE		
		 01062006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0182186
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEBERARD, III, PHILIP E. 215 S.FEDERAL HWY.,STE.300 STUART, FL 34994		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000454499 03/15/06-80018-003 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DEBERARD, LAURA A. 215 S.FEDERAL HWY.,#300 STUART, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 on an attachment with an address, with all other like and powers.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/28/06 772-286-1000 Daytime Phone #