2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007664

FILED Apr 19, 2006 Secretary of State

Entity Name: MARTIN COUNTY BUSINESS EXCHANGE, INC.

Current Principal Place of Business: New Principal Place of Business: 215 SOUTH FEDRAL HWY. SUITE 100 STUART, FL 34994 **New Mailing Address: Current Mailing Address:** 215 SOUTH FEDERAL HWY. SUITE 100 STUART, FL 34994 FEI Number: 65-0142263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRECHBILL, MARK E BRECHBILL, MARK CPA 215 SOUTH FEDERAL HWY. 215 SOUTH FEDERAL HWY. SUITE 100 SUITE 100 STUART, FL 34994 US STUART, FL 34994 US 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: MARK BRECHBILL 04/19/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition SAYKAY, ROY Name: Name: 2403 SE FEDERAL HWY. Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: () Delete Title: VD (X) Change () Addition DELGADO, ROBBIN Name: DELGADO, ROBIN Name: Address: 215 SOUTH FEDERAL HWY., SUITE 300 Address: 215 SOUTH FEDERAL HWY., SUITE 300 City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: 2VD () Delete Title: (X) Change () Addition MUCCI, MIKE MUCCI, MICHAEL Name: Name: 8904 SW CHERRY LANE Address: 825 KRUEGER PARKWAY Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34997 Title: SD () Delete Title: () Change () Addition Name: OCONNOR, MAUREEN Name: 508 COLORADO AVENUE Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: () Delete Title: PΠ (X) Change () Addition BRECHBILL, MARK BRECHBILL, MARK Name: Name:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARK BRECHBILL P 04/19/2006

215 S FEDERAL HWY, STE. 100

STUART, FL 34994

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