2008 FOR PROFIT CORPORATION

Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000114190 04-14-2008 90025 048 ***150.00 1. Entity Name MARTNI HOLDINGS IX, INC. Principal Place of Business Mailing Address 5728 MAJOR BLVD, STE 601 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819 ORLANDO, FL 32819 7932 W. Sand lake Rd. 2. Pringing Place of Business - No.P.O. Box # SCHIE 300 Suite Apt *, etc. 03112008 CR2E034 (12/06) Cha-P Odando, FL 4. FEI Number Applied For Offattogate 59-3760180 Not Applicable z**6**2819 Country Country 32819 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!U FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE □ Delete ☐ Change ☐ Addition NAME KHATIB, RASHID A NAME 5728 MAJOR BLVD, STE 601 7932 W. Sand Lake Rd. Ste 300 STREET ADORESS STREET ADDRESS Orlando, FL 32819 CITY-ST-ZIE ORLANDO, FL 32819 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME HODGE, RANDALL R NAME STREET ADDRESS 5728 MAJOR BLVD, STE 601 7932 W. Sand Lake Rd. Ste 300 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP Orlando, FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 amonwered.

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