


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90199 037 \*\*\*150.00

<b>DOCUMENT # P04000026499</b> 1. Entity Name <b>MARTIN TOULOUSE, INC.</b>					
Principal Place of Business <b>3110 SW 14 ST FT LAUDERDALE, FL 33312</b>			Mailing Address <b>3110 SW 14 ST FT LAUDERDALE, FL 33312</b>		
2. Principal Place of Business <b>1597 SW Herder Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1597 SW Herder Rd.</b> Suite, Apt. #, etc.			
City & State <b>Port St. Lucie, FL</b> Zip <b>34953</b> Country <b>USA</b>		City & State <b>Port St. Lucie, FL</b> Zip <b>34953</b> Country <b>USA</b>		4. FEI Number <b>42-1617555</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312</b>			7. Name and Address of New Registered Agent Name <b>Martin Toulouse</b> Street Address (P.O. Box Number is Not Acceptable) <b>1597 SW Herder Rd.</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34953</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.					
SIGNATURE <b>Martin Toulouse</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-12-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOULOUSE, MARTIN 3110 SW 14 ST FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <b>Martin Toulouse</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4-12-06</b> (561) 573-6233 <small>Daytime Phone #</small>	

*Martin Toulouse, President*