2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000074118 1. Entity Name BRYAN MARTIN ENTERPRISES INC Principal Place of Business Mailing Address 4419 MAHOGANY RUN 4419 MAHOGANY RUN WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 No Cha-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1115200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, BRYAN K DO NOT WRITE 4419 MAHOGANY RUN WINTER HAVEN, FL 33884 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title (it applicable DATE (NOTE: Registered Agent signature required when reinstating) 8. Etection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME MARTIN, BRYAN K STREET AUGRESS 4419 MAHOGANY RUN CITY-ST-ZIP WINTER HAVEN, FL 33884 THE 168161111464676 NAME 85/12/66 86665-011 150.00 STREET ADDRESS. CITY-SI-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP mLE IN THIS SPACE NAME STREET ADDRESS City-St-Zip NAME

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STRILLI ADDRESS CITY-ST-ZTP TITLE NAME STREET ADDRESS City-St-2iP

OF SIGNING OFFICER OR DIRECTOR

FILED