## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**Secretary of State DOCUMENT # P04000134202** 02-07-2007 90050 023 \*\*\*150.00 1. Ensity Name
BAM MARTIN CORP Mailing Address Principal Place of Business 18710 NW 29TH PLACE 18710 NW 29TH PLACE CAROL CITY, FL 33056 CAROL CITY, FL 33056 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-1661681 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE 18710 NW 29TH PLACE CAROL CITY, FL 33056 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept Signature, typed or primed no 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE MARTIN, BETTY A NAME STREET ADORESS 18710 NW 29 PLACE C)1Y-S1-Z2 COALCITY, FL 33056 TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP HHEE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-51-ZI<sup>2</sup> 12. Thereby certify that the information supplied with this filing coes 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 os if made under out; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmosp with an address, with all other like empowerer. SIGNATURE: OF SIGNING OFFICER OR DIRECTOR Daysme Phone #

FILED Mar 02, 2007 8:00 am