


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90176 037 ***158.75

DOCUMENT # P05000023713

1. Entity Name
MARTIQUE CORPORATION



Principal Place of Business 100 RIALTO PLACE STE. 732 MELBOURNE, FL 32901 US	Mailing Address 100 RIALTO PLACE STE. 732 MELBOURNE, FL 32901 US
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04142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address P.O. Box 772063
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	4. FEI Number 20-2340048
Applied For	Not Applicable

Zip 33177-0035	Country U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEVERMORE, MONIQUE A
100 RIALTO PLACE
732
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P,D	NAME LEVERMORE, MONIQUE A <input type="checkbox"/> Delete
STREET ADDRESS P. O. BOX 61933	
CITY-ST-ZIP PALM BAY, FL 32906	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP/D	NAME Bartolone, Mark A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 Rialto Place, Suite 732	
CITY-ST-ZIP Melbourne, Florida 32901	
TITLE VP/D	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS LEVERMORE, OSWALD	
CITY-ST-ZIP 14865 S.W. 166 Street Kendall, Florida 33187	
TITLE VP/D	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS LEVERMORE, JACQUELINE M.	
CITY-ST-ZIP 4242 BUENA VISTA STREET, UNIT 3 Dallas, Texas 75205	
TITLE T/D	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS LEVERMORE, CLAUDETTE M.	
CITY-ST-ZIP 14865 S.W. 166 Street Kendall, Florida 33187	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Monique A. Levermore, P.D. 4/14/06 (321)724-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #