2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P05000023713** 04-30-2007 90453 038 ***150.00 MARTIQUE CORPORATION Principal Place of Business Mailing Address 40091281 100 RIALTO PLACE PO BOX 772063 MIAMI, FL 33177-0035 US STE. 732 MELBOURNE, FL 32901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 61933 P.O. BOX 5634 Cypress Creek Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Halm Bay Grant 20-2340048 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32949 BZ906-193 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVERMORE, MONIQUE A Street Address (P.O. Box Number is Not Acceptable) 100 RIALTO PLACE Cypress MELBOURNE, FL 32901 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 named the obligations of registered agent. Sq na agent SIGNATURE. Signature, typed or printed pame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P,D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEVERMORE, MONIQUE A NAME STREET ADDRESS P. O. BOX 61933 STREET ADDRESS CITY-ST-ZIP CtTY-ST-7IP PALM BAY, FL 32906 VPD ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME BARTOLONE, MARK A NAME P.O. BOX 61933 STREET ADDRESS STREET ADDRESS 100 RIALTO PLACE SUITE 32 Palm Bay, Horida 32906 - 1933 CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-7IP VPD TITLE ☐ Delete TITLE Change LEVERMORE, OSWALD NAME NAME STREET ADDRESS 14865 SW 166TH ST STREET ADDRESS CITY-ST-ZIP KENDALL, FL 33187 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVERMORE, JACQUELINE M NAME NAME STREET ADDRESS 4242 BUENA VISTA ST UNIT 3 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75205 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition LEVERMORE, CLAUDETTE M NAME NAME STREET ADDRESS 14865 SW 166TH ST STREET ADDRESS CITY-ST-ZIP KENDALL, FL 33187 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE MARCUEIMON

4(27/2007 (321)693-2652

FILED