

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047667

FILED
Jan 23, 2006
Secretary of State

Entity Name: MARTINS PROFESSIONAL SERVICES, CORP.

Current Principal Place of Business:

226 N. ENTRADA AVE.
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

226 N. ENTRADA AVE.
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 20-2600042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXPLACE CORP.
2721 S. US 1 SUITE 9
PORT ST. LUCIE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINS, EDSON A
Address: 226 N. ENTRADA AVE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINS, EDSON A
Address: 226 N. ENTRADA AVE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: P/D () Change (X) Addition
Name: MARTINS, NELZIRA R
Address: 226 N. ENTRADA AVE
City-St-Zip: PORT ST LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDSON MARTINS

P

01/23/2006

Electronic Signature of Signing Officer or Director

Date