



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000061802 1. Entity Name MARTIN WOODWORKS, INC.	
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Principal Place of Business 500 SW 21 TERRACE B-106 FT. LAUDERDALE, FL 33312	Mailing Address 500 SW 21 TERRACE B-106 FT. LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1724430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, ANIBAL R
500 SW 21 TERRACE B-106
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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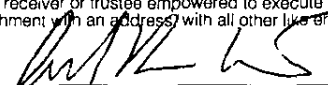
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MARTIN, ANIBAL R 500 SW 21 TERRACE B-106 FT. LAUDERDALE, FL 33312
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06/04/08-80048-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **MAY 16 108.**

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