
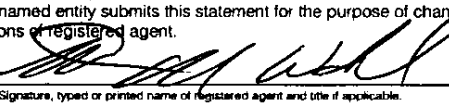
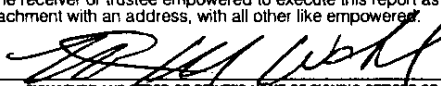


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90021 015 \*\*\*150.00

<b>DOCUMENT # P05000101916</b>					
<b>1. Entity Name</b> MARTIN M WOHL, INC.					
<b>Principal Place of Business</b> 1800 SR 17 S. AVON PARK, FL 33825			<b>Mailing Address</b> 1800 STATE ROAD 17 S. AVON PARK, FL 33825		
<b>2. Principal Place of Business - No P.O. Box #</b> 3200 US 27 S, Suite 307		<b>3. Mailing Address</b> 3200 US 27 South			
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc. Suite 307			
City & State Sebring FL		City & State Sebring, FL		<b>4. FEI Number</b> 20-3197002	
Zip 33870		Country USA		Applied For Not Applicable	
Zip 33870		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ASHLEY, P. JILL C/O ASHLEY FINANCIAL SERVICES, P.A. 2856 CARRIE LANE LAKELAND, FL 33813-3158			<b>7. Name and Address of New Registered Agent</b> Name <b>WOHL, MARTIN M</b> Street Address (P.O. Box Number is Not Acceptable) 3200 US 27 South, Suite 307 City <b>Sebring</b> <b>FL</b> Zip Code <b>33870</b>		
<b>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.</b> SIGNATURE:  DATE: <b>2/9/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV WOHL, MARTIN M 1800 STATE ROAD 17 AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV WOHL, MARTIN M 3200 US 27 South, Suite 307 Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOHL, MARTIN M 1800 STATE ROAD 17 AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOHL, MARTIN M 3200 US 27 South, Suite 307 Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 		DATE: <b>2/9/07</b>		DAYTIME PHONE: <b>863-382-3887</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					