2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145235

Entity Name: GASPAR MARTINEZ, INC.

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2417 ABBY DRIVE APT. # 202 KISSIMMEE, FL 34741 1043 SOARING EAGLE LN KISSIMMEE, FL 34746 US

Current Mailing Address:

New Mailing Address:

2417 ABBY DRIVE APT. # 202 KISSIMMEE, FL 34741 1043 SOARING EAGLE LN KISSIMMEE, FL 34746 US

FEI Number: 20-3697379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTINEZ, GASPAR 2417 ABBY DR. APT. # 202 MARTINEZ, GASPAR 1043 SOARING EAGLE LN KISSIMMEE, FL 34746 US

KISSIMMEE, FL 34741 US

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: GASPAR MARTINEZ

07/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PVTD () Delete

 Name:
 MARTINEZ, GASPAR

 Address:
 2417 ABBY DRIVE, #202

 City-St-Zip:
 KISSIMMEE, FL 34741

Title: P (X) Change () Addition
Name: MARTINEZ, GASPAR
Address: 1043 SOARING EAGLE LN
City-St-Zip: KISSIMMEE, FL 34746 US

Title: () Delete

Title: VP () Change (X) Addition

Name: Address: City-St-Zip: Name: MARTINEZ, DARIO
Address: 1043 SOARING EAGLE LN
City-St-Zip: KISSIMMEE, FL 34746 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: GASPAR MARTINEZ P 07/13/2006