


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90077 032 \*\*\*550.00

<b>DOCUMENT # P06000058426</b>	
1. Entity Name <b>MARTINEZ ENGINEERING AND MANAGEMENT SERVICES, INC.</b>	

Principal Place of Business <b>1290 GRAND CAYMAN DR MERRITT ISLAND, FL 32957</b>	Mailing Address <b>1290 GRAND CAYMAN DR MERRITT ISLAND, FL 32957</b>
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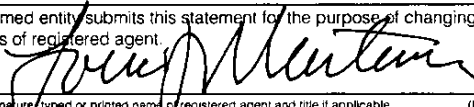
2. Principal Place of Business - No P.O. Box # <b>441 Coastal Breeze Way</b>	3. Mailing Address <b>441 Coastal Breeze Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Merritt Island, FL</b>	City & State <b>Merritt Island, FL</b>
Zip <b>32953</b>	Country <b>USA</b>
Zip <b>32953</b>	Country <b>USA</b>




06252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>MARTINEZ, LUIS J 1290 GRAND CAYMAN DR MERRITT ISLAND, FL 32957</b>	
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7. Name and Address of New Registered Agent Name <b>Louis J. Martinez</b> Street Address (P.O. Box Number is Not Acceptable) <b>441 Coastal Breeze Way</b> City <b>Merritt Island</b> FL Zip Code <b>32953</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. SIGNATURE:  DATE: <b>7-8-07</b>	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MARTINEZ, LOUIS J 1290 GRAND CAYMAN DR MERRITT ISLAND, FL 32957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Martinez, Louis J. 441 Coastal Breeze Way Merritt Island, FL 32953</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Julie Martinez 441 Coastal Breeze Way Merritt Island, FL 32953</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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

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: <b>Louis J. Martinez</b>  DATE: <b>7-8-07</b> DAYTIME PHONE #: <b>321-745-2565</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	