2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000000533

1. Entity Name

MARTINGALE HOLDINGS U.S., INC.



FILED Feb 11, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3140 SOUTH OCEAN BOULEVARD, #104-S PALM BEACH, FL 33480

272 SANDPIPER DRIVE PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

01222008 4. FEI Number Applied For 65-0549063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SCHNEIDERMAN, PETER 272 SANDPIPER DRIVE PALM BEACH, FL 33480

DO NOT WRITE

No Chq-P

T / CIVI DE/	1011,112 00100			IN	THIS SPACE
	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	ed office or re	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GEHL 3140 SOUTH OCEAN BOULEVARD, #104-S PALM BEACH, FL 33480				H50000000004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMIG, JOHN 3140 SOUTH OCEAN BOULEVARD #104 PALM BEACH, FL 33480				U00000823294 02/20/08-80033-017 150.00
TITLE					

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 of trustpe 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 dress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR