
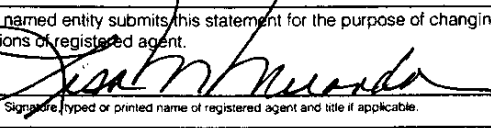



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-16-2007 90014 016 \*\*\*558.75

<b>DOCUMENT # P96000027274</b>					
<b>1. Entity Name</b> <b>MARTIN POOLS, INC.</b>					
<b>Principal Place of Business</b> <b>4301 NO WICKHAM RD</b> <b>SUITE 13</b> <b>MELBOURNE, FL 32940</b>			<b>Mailing Address</b> <b>4301 NO WICKHAM RD</b> <b>SUITE 13</b> <b>MELBOURNE, FL 32940</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3368569</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>MIRANDA, LISA M</b> <b>4301 NO WICKHAM RD</b> <b>SUITE 13</b> <b>MELBOURNE, FL 32940</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<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>				<b>FL</b>	
SIGNATURE: 				DATE: 5/10/07	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> LEVY, MARTIN		<b>TITLE</b> D	<b>NAME</b> LISA MIRANDA	
<b>STREET ADDRESS</b> 909 SUNTREE WOODS DRIVE	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940		<b>STREET ADDRESS</b> 4301 N. WICKHAM ROAD	<b>CITY-ST-ZIP</b> MELBOURNE FL 32935	
<b>TITLE</b> VP	<b>NAME</b> LEVY, JORDAN R		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2020 FLASHY LANE	<b>CITY-ST-ZIP</b> MALABAR, FL 32950		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> LEVY, LORI R		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 2056 TIBIRON LANE	<b>CITY-ST-ZIP</b> VIERA, FL 32940		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<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: 5/10/07      321 255 1898		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		