

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043068

FILED
Apr 26, 2006
Secretary of State

Entity Name: MARTIN PROFESSIONAL, INC.

Current Principal Place of Business:

700 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33025

New Principal Place of Business:

Current Mailing Address:

700 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33025

New Mailing Address:

FEI Number: 65-0669122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD I. HERTZ, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOLVER, TROELS
Address: 700 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325

Title: CFOS () Delete
Name: MADSEN, PETER DAM
Address: 700 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FRIBORG, BRIAN
Address: 700 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33025 US

Title: ST (X) Change () Addition
Name: MADSEN, PETER DAM
Address: 700 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33025 US

Title: D () Change (X) Addition
Name: ENGSTED, CHRISTIAN
Address: C/O 700 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33025 US

Title: D () Change (X) Addition
Name: HOLST, STIG
Address: C/O 700 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33025 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: NICOLE M. ROCCO, ESQ., AUTHORIZED REP.

AR

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date