


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S80580 1. Entity Name MARTIN PINES, INC.	
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Principal Place of Business 5094 S.E. FEDERAL HWY. STUART, FL 34997 US	Mailing Address 5094 S.E. FEDERAL HWY. STUART, FL 34997 US
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3789262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KLEIN, SANDRA L. 505 SOUTHEAST ST. LUCIE BOULEVARD STUART, FL 34996

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1160000386424

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

01/18/06-80059-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRISCH, SIDNEY, JR. 14 N. PEORIA STREET - STE. 2-E CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, HARVEY B. 312 W RANDOLPH ST CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, SANDRA L. 505 SE ST LUCIE BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RICHARD J. 3636 S IRON ST CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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 Sandra L. Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/06 772-286-2023
Date Daytime Phone #