2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 08:00 AM Secretary of State

वि हर) आष्ट-रजाप

t. Entity Name MARTIN I	NVESTMENTS, INC.				Secretary of State	
5745 SW 75TH STREET 574 PMB 324 PMB		Mailing Address 5745 SW 75TH STREET PMB 324 GAINESVILLE, FL 32608 U	5745 SW 75TH STREET PMB 324			
DO NOT WRITE IN THIS SPACE				02062006 No Chg-P CR2E034 (11/05) 4. FEI Number		
	6. Name and Address of Current NUM, DAVID KELL BAY DRIVE	Registered Agent	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 marrie of registered agent and title if applicable. (NOTE: Registered Agent signature required when remarking) DATE 9. Effection Campaign Financing \$5.00 May Be						
After M	E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550 OFFICERS ANI	.00 Trust Fund Contribution		.00 May Be ded to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GOLD, JANICE 5745 SW 75TH STREET, PMB GAINESVILLE, FL 32608	324			1100000443755 03/06/06-80024-824-156 . 00	
NAME STREET ADDRESS CITY-ST-ZIP TULE						
NAME STREET ADDRESS CITY-ST-ZIP TRILE			DO NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-UP						
Title Hame Street address City-St-Zip						
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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X