## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000008258

City-St-Zip:

VALRICO, FL 33594

FILED Aug 19, 2004 Secretary of State

Entity Name: ENTREPRISE MARKETING UNLIMITED, INC.					
Current Principal Place of Business:			New Principal Place o	f Business:	
2424 ARBORWOOD DRIVE VALRICO, FL 33594					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2424 ARBORWOOD DRIVE VALRICO, FL 33594			2424 ARBORWOOD DI VALRICO, FL 33594	2424 ARBORWOOD DRIVE VALRICO, FL 33594 US	
FEI Number:	55-0815857	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
LASMAN, JEFFREY M ESQ. 811-B CYPRESS VILLAGE BOULEVARD RUSKIN, FL 33573 US			2424 ARBORWOOD DI	DECRESIE, ANTHONY J ESQ. 2424 ARBORWOOD DRIVE VALRICO, FL 33594 US	
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: ANTHONY DECRESIE				08/19/2004	
	Electro	onic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VELOZ-DECE	) Delete RESIE, MARISA WOOD DRIVE 33594	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VELOZ-DECE	) Delete RESIE, MARISA WOOD DRIVE 33594	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	DECRESIE, A	) Delete NTHONY WOOD DRIVE	Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: MARISA VELOZ-DECRESIE PRES 08/19/2004