## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000008258

2424 ARBORWOOD DRIVE

VALRICO, FL 33594

Address:

City-St-Zip:

FILED Jul 24, 2005 Secretary of State

Entity Nar	me: ENTRE	EPRISE MARKETING UNLIMITE	ED, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2424 ARBO VALRICO,	ORWOOD D FL 33594	PRIVE			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2424 ARBO VALRICO,	ORWOOD D FL 33594	DRIVE US	P.O. BOX 702 VALRICO, FL 33595	US	
FEI Number:	: 55-0815857	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
DECRESIE, ANTHONY J ESQ. 2424 ARBORWOOD DRIVE VALRICO, FL 33594 US				DECRESIE, ANTHONY J 2424 ARBORWOOD DRIVE VALRICO, FL 33594 US	
	named entit e of Florida.	ry submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MARISA VELOZ-DECRESIE				07/24/2005	
	Electr	onic Signature of Registered Ag	jent	Date	
		193(2)(b), F.S., the corporation did r	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VELOZ-DEC	( ) Delete RESIE, MARISA RWOOD DRIVE _ 33594	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VELOZ-DEC	( ) Delete RESIE, MARISA RWOOD DRIVE _ 33594	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D DECRESIE.	( ) Delete ANTHONY	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: MARISA VELOZ-DECRESIE **PRES** 07/24/2005