2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008258

Entity Name: ENTREPRISE MARKETING UNLIMITED, INC.

FILED Jun 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2424 ARBORWOOD DRIVE 250 9TH ST SE

VALRICO, FL 33594 WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

P.O. BOX 702 250 9TH ST SE

VALRICO, FL 33595 US WINTER HAVEN, FL 33880 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 of New Registered Agent:

DECRESIE, ANTHONY J
2424 ARBORWOOD DRIVE
DECRESIE, ANTHONY J
250 9TH ST SE

VALRICO, FL 33594 US WINTER HAVEN, FL 33880 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: 06/02/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

AFFIAFRA AND DIDECTORS

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition Name: VELOZ-DECRESIE, MARISA Name: VELOZ-DECRESIE, MARISA

Address: 2424 ARBORWOOD DRIVE Address: 250 9TH ST SE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: WINTER HAVEN, FL 33880

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 VELOZ-DECRESIE, MARISA
 Name:
 VELOZ-DECRESIE, MARISA

 Address:
 2424 ARBORWOOD DRIVE
 Address:
 250 9TH ST SE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: D () Delete Title: D (X) Change () Addition

Name: DECRESIE, ANTHONY Name: DECRESIE, ANTHONY

Address: 2424 ARBORWOOD DRIVE Address: 250 9TH ST SE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: WINTER HAVEN, FL 33880

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: MARISA VELOZ-DECRESIE PVST 06/02/2006