
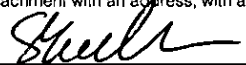


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003867					
1. Entity Name MARKEN LIMITED CORPORATION					
Principal Place of Business 2 METRO CENTRE ST. JOHNS ROAD ISLEWORTH TW76NJ UK,			Mailing Address 1008 WEST HILLCREST INGLEWOOD, CA 90301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1008 WEST HILLCREST BLVD.			
City & State		City & State INGLEWOOD, CA		4. FEI Number 95-4188874 95-4288781	
Zip	Country	Zip 90301	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGLAN, JOHN BERNARD 1 LANGLEY GROVE, NEW MALDEN KT3 3AL SURREY UK, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, BRUCE TIMOTHY THE COACH HOUSE, PILGRIMS WAY CHEW STOKE BS40 8TZ, BRISTOL, UK <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DOUGLAS GEORGE 102 BEACONSFIELD ROAD, SURBITION KT5 9AP SURREY, UK <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXEL SECRETARIAL SERVICE OCEAN HOUSE, THE RING, BRACKNELL RG12 1AN BERKSHIRE, UK <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EXEL SECRETARIAL SERVICES LIMITED OCEAN HOUSE, THE RING BRACKNELL, BERKSHIRE, RG12 1AN, UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, SIMON 34 BRIDGEFIELD, FARNHAM GU9 8AW SURREY, UK <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, KENNETH JOHN 2064 DICKSON ROAD, MISSISSAUGA ONT L5B 1V8 CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIMON MUELLER			24 MARCH 2005		+44 208 388 8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40044853



03242005 Chg-P CR2E034 (10/03)