



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000003171 1. Entity Name MARKETING & SALES RESOURCES, INC.				FILED 05 MAR 10 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA 50018046 02/23/05 90070 006 \$150.00 																									
Principal Place of Business 14000 MILITARY TRAIL SUITE 200A DELRAY BEACH FL 33484 US		Mailing Address 14000 MILITARY TRAIL SUITE 200A DELRAY BEACH FL 33484 US		1st MOORE CR2E034 (10/04)																									
2. Principal Place of Business 6801 LAKE WORTH RD Suite, Apt. #, etc. SUITE 126 City & State LAKE WORTH, FL. 33467 Zip Country		3. Mailing Address 6801 LAKE WORTH RD Suite, Apt. #, etc. SUITE 126 City & State LAKE WORTH, FL. 33467 Zip Country																											
6. Name and Address of Current Registered Agent KLEINMAN, ROBERT 33229 VIA STEL BOCA RATON FL 33433				7. Name and Address of New Registered Agent Name N. TINA GROSS Street Address (P.O. Box Number is Not Acceptable) 6700 EGRET NEST LANE City WEST PALM BEACH FL Zip Code 33413																									
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: <i>[Signature]</i> DATE: 2/18/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 50%;">KLEINMAN, ROBERT</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>23229 VIA STEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>BOCA RATON FL 33433</td> <td></td> </tr> </table>				TITLE	P	KLEINMAN, ROBERT	<input checked="" type="checkbox"/> Delete	NAME		23229 VIA STEL		STREET ADDRESS		BOCA RATON FL 33433		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 50%;">Gross, N. Tina</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>6700 Egret Nest Lane</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>West Palm Beach, FL. 33413</td> <td></td> </tr> </table>		TITLE	P	Gross, N. Tina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		6700 Egret Nest Lane		STREET ADDRESS		West Palm Beach, FL. 33413	
TITLE	P	KLEINMAN, ROBERT	<input checked="" type="checkbox"/> Delete																										
NAME		23229 VIA STEL																											
STREET ADDRESS		BOCA RATON FL 33433																											
TITLE	P	Gross, N. Tina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
NAME		6700 Egret Nest Lane																											
STREET ADDRESS		West Palm Beach, FL. 33413																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">SD</td> <td style="width: 50%;">GROSS, N T</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>53 FAIRWAY BLVD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>JAMESBURG NJ</td> <td></td> </tr> </table>				TITLE	SD	GROSS, N T	<input type="checkbox"/> Delete	NAME		53 FAIRWAY BLVD		STREET ADDRESS		JAMESBURG NJ		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">TD</td> <td style="width: 50%;">KLEINMAN, EILENE</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>23229 VIA STEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>BOCA RATON FL 33433</td> <td></td> </tr> </table>		TITLE	TD	KLEINMAN, EILENE	<input checked="" type="checkbox"/> Delete	NAME		23229 VIA STEL		STREET ADDRESS		BOCA RATON FL 33433	
TITLE	SD	GROSS, N T	<input type="checkbox"/> Delete																										
NAME		53 FAIRWAY BLVD																											
STREET ADDRESS		JAMESBURG NJ																											
TITLE	TD	KLEINMAN, EILENE	<input checked="" type="checkbox"/> Delete																										
NAME		23229 VIA STEL																											
STREET ADDRESS		BOCA RATON FL 33433																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS			
TITLE			<input type="checkbox"/> Delete																										
NAME																													
STREET ADDRESS																													
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
NAME																													
STREET ADDRESS																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS			
TITLE			<input type="checkbox"/> Delete																										
NAME																													
STREET ADDRESS																													
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
NAME																													
STREET ADDRESS																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS			
TITLE			<input type="checkbox"/> Delete																										
NAME																													
STREET ADDRESS																													
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
NAME																													
STREET ADDRESS																													
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: <i>[Signature]</i> DATE: 2/18/05 DAYTIME PHONE #: 761-966-2800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													