
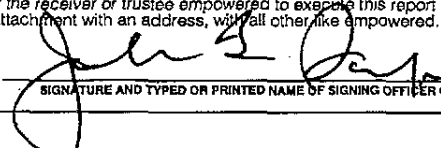


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G51649</b> 1. Entity Name <b>MARBIT EQUITIES, INC.</b>					
Principal Place of Business <b>COLONIAL BANK CENTRE 41 WEST INTERSTATE 65 SERVICE ROAD NORTH MOBILE, AL 36608-1201</b>		Mailing Address <b>P.O. BOX 160306 MOBILE, AL 36616-1306</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				04212005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>63-0853185</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAMPUS, JOSEPH J 3298 SUMMIT BLVD. #18 PENSACOLA, FL 32503-4350</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD SAINT, JOHN B 41 W INTERSTATE 65, SERVICE RD. N MOBILE, AL 366081201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD STEFAN, CHESTER J 41 W INTERSTATE 65, SERVICE RD., N MOBILE, AL 366081201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD KELLY, DONALD P JR 41 W INTERSTATE 65, SERVICE RD. N MOBILE, AL 366081201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS WESCH, PAUL C 41 W INTERSTATE 65 SERVICE RD. N MOBILE, AL 366081201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CAMPUS, JOSEPH J III 41 W INTERSTATE 65, SERVICE RD. N MOBILE, AL 366081201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> 		4-21-05		(251) 390-2929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	