

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90108 020 ***150.00

DOCUMENT # J25919
 1. Entity Name
MARKETING BUSINESS ENTERPRISE, INC.



Principal Place of Business Mailing Address
 % I. CARL CALHOUN % I. CARL CALHOUN
 6100 MEARS CT. 6100 MEARS CT.
 CLEARWATER, FL 34620 CLEARWATER, FL 34620

50028881

2. Principal Place of Business 3. Mailing Address
 661-40th St. South 661-40th St. South
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03142005 Chg-P CR2E034 (10/03)

City & State City & State
 St. Petersburg, FL St. Petersburg, FL
 Zip Country Zip Country
 36711 USA 36711 USA

4. FEI Number Applied For
 59-2712365 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CALHOUN, I. CARL
 2500 GOMEZ WAY, S.
 ST. PETERSBURG, FL 33712

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	CALHOUN, I. CARL	
STREET ADDRESS	6100 MEARS CT.	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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. Carl Calhoun Date 3-15-05 Daytime Phone # 729-530-1643