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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000065506 1. Entity Name XBP MARKETING CORP.	
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Principal Place of Business 3015 N. OCEAN BOULEVARD NO. 121 FORT LAUDERDALE, FL 33308	Mailing Address 3015 N. OCEAN BOULEVARD NO. 121 FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE

07 MAY 25 PM 1:21
 TALLAHASSEE, FLORIDA



04232007
No Chg-P
CR2E034 (11/05)

4. FEI Number 56-2368109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOSTER, REBECCA A
3015 N OCEAN BLVD.
STE. 121
FORT LAUDERDALE, FL 33308**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FOSTER, REBECCA A
STREET ADDRESS	3015 N. OCEAN BLVD. #121
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	DVT
NAME	LANDAU, MARC J
STREET ADDRESS	3015 N. OCEAN BLVD. #121
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	DV
NAME	HIERHOLZER, LARRY
STREET ADDRESS	3015 N. OCEAN BLVD. #121
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/12/07--01006--001 **6295.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 754 563 2444
Daytime Phone #