

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90284 050 ***150.00

40078340

DOCUMENT # P98000102556		
1. Entity Name MBN ENTERPRISES, INC.		

Principal Place of Business 2099 TAYLOR ROAD DAYTONA BEACH, FL 32124	Mailing Address 2099 TAYLOR ROAD DAYTONA BEACH, FL 32124
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2. Principal Place of Business - No P.O. Box # <i>5189 Rogers Ave</i>	3. Mailing Address <i>5189 Rogers Ave</i>
Suite, Apt. #, etc. <i></i>	Suite, Apt. #, etc. <i></i>
City & State <i>Port Orange 71</i>	City & State <i>Port Orange 71</i>
Zip <i>32127</i>	Country <i>US</i>
Zip <i>32127</i>	Country <i>US</i>

03122007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3546633

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

6. Name and Address of Current Registered Agent

NEL, MAGDA 5189 ROGERS AVE PORT ORANGE, FL 32127	Name <i></i>
	Street Address (P.O. Box Number is Not Acceptable) <i></i>
	City <i></i>
	FL Zip Code <i></i>

7. Name and Address of New Registered Agent

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEL, MAGDA 5189 ROGERS AVE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *Melissa Re*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 367631979
Date Daytime Phone #