2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000046951

1. Entity Name
MARKETING XCESS, INC.

Principal Place of Business	Mailing Address
2301 S.E. 19TH PLACE FT. LAUDERDALE, FL 33316	2301 S.E. 19TH PLACE FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0922811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUPP, B. LOUISA
2301 S.E. 19TH PLACE
FT. LAUDERDALE, FL 33316

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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

U0000001362339
04/28/04-80083-020 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUPP, B. LOUISA
STREET ADDRESS	2301 S.E. 19TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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: _B. Louisa Rupp_   B. Louisa Rupp   4/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #