2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# P99000066324

Entity Name: MARLEA ENTERPRISES, INC.

Current Principal Place of Business:

5557 SEA FOREST DR
SUITE 218
NEW PORT RICHEY, FL 346523213 US

New Principal Place of Business:

Current Mailing Address:

5557 SEA FOREST DR
SUITE 218
NEW PORT RICHEY, FL 346523213 US

New Mailing Address:

FEI Number: 59-3591647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, DWIGHT M OFFICER
5557 SEA FOREST DR
SUITE 218
NEW PORT RICHEY, FL 346523213 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ROSE, DWIGHT M OFFICER	
Address:	5557 SEA FOREST DR., STE. 218	
City-St-Zip:	NEW PORT RICHET, FL 346523213 US	
Title:	VP	( ) Delete
Name:	ROSE, DONA L	
Address:	5557 SEA FOREST DR. STE. 218	
City-St-Zip:	NEW PORT RICHEY, FL 346523213 US	
Title:	TREA	( ) Delete
Name:	ROSE, MITCHELL D	
Address:	5445 322ND AVE S.E.	
City-St-Zip:	FALL CITY, WA 98024	
Title:	SEC	( ) Delete
Name:	WILCOX, BRANDON D	
Address:	322 STARLING CREEK	
City-St-Zip:	NEW BRAUNFELS, TX 78130	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT M ROSE OFFI 01/05/2008
Electronic Signature of Signing Officer or Director — Date