


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 816407 1. Entity Name MADISON INDUSTRIES INC. OF GEORGIA	
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Principal Place of Business 1035 IRIS DRIVE CONYERS, GA 30094 US	Mailing Address P.O. BOX 131 CONYERS, GA 30012 US
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-0869622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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 NAME STREET ADDRESS CITY - ST - ZIP	PD FREY, JOHN S 1900 E 64 ST LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD CRUNCLETON, BARBARA 9919 POMERING RD DOWNEY, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HANSEN, ROBERT E 2000 LILIANO DR SIERRA MADRE, CA 91024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/05-80066-019 150.00

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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: <u>Barbara A. Cruncleton</u> <b>BARBARA A. CRUNCLETON</b> 1/17/05 (323) 583-4061	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		