# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2009**
**Secretary of State**

DOCUMENT# 816407

**Entity Name:** MADISON INDUSTRIES INC. OF GEORGIA

**Current Principal Place of Business:**

1035 IRIS DRIVE
CONYERS, GA 30094 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 131
CONYERS, GA 30012 US

**New Mailing Address:**

**FEI Number: 58-0869622** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: FREY,JOHN S,
Address: 1900 E 64 ST
City-St-Zip: LOS ANGELES, CA

Title: TSD ( ) Delete
Name: CRUNCLETON,BARBARA,
Address: 9919 POMERING RD
City-St-Zip: DOWNEY, CA

Title: VD ( ) Delete
Name: HANSEN, ROBERT E
Address: 2000 LILIANO DR
City-St-Zip: SIERRA MADRE, CA 91024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FREY JR,JOHN S,
Address: 1900 E 64 ST
City-St-Zip: LOS ANGELES, CA

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

Title: VP (X) Change ( ) Addition
Name: FREY, GERALDINE R
Address: 1900 E. 64TH STREET
City-St-Zip: LOS ANGELES, CA 90001

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: BARBARA CRUCLETON TSD 03/26/2009

Electronic Signature of Signing Officer or Director Date