

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P04000019359                   |  |
| 1. Entity Name<br>MADLEIGH HARDWOOD, INC. |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>134 ARROWHEAD CIRCLE<br>JUPITER, FL 33458 | Mailing Address<br>134 ARROWHEAD CIRCLE<br>JUPITER, FL 33458 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

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04112008 No Chg-P CR2E034 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>83-0383183                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent

BERNSTEIN, TRISHA  
8874 DANIA DR  
PALM BEACH GARDENS, FL 33410

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

|                                                                       |                                                                                                                 |                                            |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000945017<br>05/29/08-80124-004 150.00 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                    |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES<br>GIFFORD, GARY<br>134 ARROWHEAD CIRCLE<br>JUPITER, FL 33458 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |

**DO NOT WRITE  
IN THIS SPACE**

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 prepare this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report as an individual with an address, and not an individual without an address.

Signature *Gary Gifford*

Date *4-30-08*