
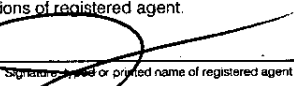
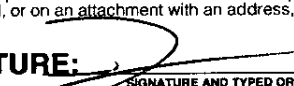


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90007 032 \*\*\*150.00

DOCUMENT # 668264			
1. Entity Name MADISON BLUE, INC.			
Principal Place of Business 412 NE 16TH AVE #130 PO BOX 1776 GAINESVILLE, FL 32601		Mailing Address 412 NE 16TH AVE #130 PO BOX 1776 GAINESVILLE, FL 32601	
2. Principal Place of Business 4127 NW 27th Ln.		3. Mailing Address PO Box 357845	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32606	Country USA	Zip 32635	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONALD, JAN 412 N.E. 16TH AVE. GAINESVILLE, FL 32601		Name McDonald, Jan	
		Street Address (P.O. Box Number is Not Acceptable)	
		4127 NW 27th Ln, Suite A	
		City Gainesville FL	
		Zip Code 32606	
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		DATE	
		Jan McDonald 1/29/04	
SIGNATURE (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JAN	NAME	McDonald, Jan
STREET ADDRESS	412 NE 16TH AVE.	STREET ADDRESS	4127 NW 27th Ln, Suite A
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	Gainesville FL 32606
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP S
STREET ADDRESS		STREET ADDRESS	Lee, Caridad E.
CITY-ST-ZIP		CITY-ST-ZIP	4127 NW 27th Ln, Suite A
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ASST. Sec.
STREET ADDRESS		STREET ADDRESS	Davis, Lisa S.
CITY-ST-ZIP		CITY-ST-ZIP	4127 NW 27th Ln, St. A
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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		Date	
		Jan McDonald 352-334-1976	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	