


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 044 ***150.00

DOCUMENT # F02000005148

1. Entity Name
MADISON BOULDER CORP.



Principal Place of Business
**331 ACTON RD.
 CHELMSFORD, MA 01824**

Mailing Address
**331 ACTON RD.
 CHELMSFORD, MA 01824**

54073107



2. Principal Place of Business
4 Pallet drive

3. Mailing Address
1700 Latham Rd

Suite, Apt. #, etc.
#8

07122004 Chg-P CR2E034 (10/03)

City & State
Chelmsford, MA

City & State
West Palm Beach, FL

Zip
01863

Country
USA

Zip
33409

Country
USA

4. FEI Number
04-3528902

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOUCHER, ANDRE J
 100 SE SAINT LUCIE BLVD.
 STUART, FL 34996**

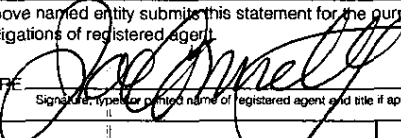
7. Name and Address of New Registered Agent

Name - **JOSEPH CONNELLY**

Street Address (P.O. Box Number is Not Acceptable)
818 38th Street

City **West Palm Beach** FL Zip Code **33409**

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: **9/14/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME BOUCHER, MONIQUE		
STREET ADDRESS 331 ACTON RD.		
CITY-ST-ZIP CHELMSFORD, MA 01824		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME PRESIDENT MONIQUE BOUCHER		
STREET ADDRESS 1700 LATHAM ROAD #8		
CITY-ST-ZIP WEST PALM BEACH, FL 33409		
TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME JOSEPH CONNELLY		
STREET ADDRESS 1700 LATHAM RD #8		
CITY-ST-ZIP WEST PALM BEACH, FL 33409		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **9/8/04** SD 684 6556 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR