2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# F99000001789

Entity Name: MADISON GROUP CONTRACTING, INC.

Current Principal Place of Business:

1622 SYCAMORE VIEW RD
MEMPHIS, TN 38134

New Principal Place of Business:

Current Mailing Address:

1622 SYCAMORE VIEW RD
MEMPHIS, TN 38134

New Mailing Address:

FEI Number: 62-1490335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: D ( ) Delete
Name: PENTECOST, JIM
Address: 1622 SYCAMORE VIEW RD
City-St-Zip: MEMPHIS, TN 38134

Title: D ( ) Delete
Name: PENTECOST, DON
Address: 1622 SYCAMORE VIEW RD
City-St-Zip: MEMPHIS, TN 38134

Title: P ( ) Delete
Name: BOWEN, MARY P
Address: 1622 SYCAMORE VIEW RD
City-St-Zip: MEMPHIS, TN 38134

Title: V ( ) Delete
Name: PITTS, MARTHA
Address: 1622 SYCAMORE VIEW RD
City-St-Zip: MEMPHIS, TN 38134

Title: VP ( ) Delete
Name: BOWEN, EDGAR E
Address: 1622 SYCAMORE VIEW RD
City-St-Zip: MEMPHIS, TN 38134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: PITTS, MARK
Address: 1622 SYCAMORE VIEW RD
City-St-Zip: MEMPHIS, TN 38134

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: MARTHA PITTS V 01/06/2009

Electronic Signature of Signing Officer or Director — Date