


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K41867</b> 1. Entity Name <b>MADDEN COMPANY, INC,</b>	
---	---

Principal Place of Business <b>240 W PALMETTO PK RD STE 300 BOCA RATON, FL 33432</b>	Mailing Address <b>3400 S OCEAN BLVD STE 3E-11 PALM BEACH, FL 33480 US</b>
---	---



05182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0084019</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MADDEN, THOMAS 3400 S OCEAN BLVD STE 3E-11 PALM BEACH, FL 33480</b>
---

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MADDEN, THOMAS 3400 S OCEAN BLVD STE 3E-11 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADDEN, ANGELA 3400 S OCEAN BLVD STE 3E-11 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000367934  
05/23/05-80005-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **THOMAS J. MADDEN** 5-18-05 561-547-6640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #