

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 046 \*\*\*150.00

**2007 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

<b>DOCUMENT # K41867</b> 1. Entity Name <b>MADDEN COMPANY, INC.</b>					
Principal Place of Business <b>240 W PALMETTO PK RD</b> <b>STE 300</b> <b>BOCA RATON, FL 33432</b>			Mailing Address <b>3400 S OCEAN BLVD</b> <b>STE 3E-11</b> <b>PALM BEACH, FL 33480 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>333 Maya Palm Drive</b>  Suite, Apt. #, etc.		40013779  	
City & State  Boca Raton, FL		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>65-0084019</b>	
Zip <b>33432</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MADDEN, THOMAS</b> <b>3400 S OCEAN BLVD STE 3E-11</b> <b>PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>333 Maya Palm Drive</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>	
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MADDEN, THOMAS</b> <b>3400 S OCEAN BLVD STE 3E-11</b> <b>PALM BEACH, FL 33480</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S.</b> <b>333 Maya Palm Drive</b> <b>Boca Raton, FL 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>MADDEN, ANGELA</b> <b>3400 S OCEAN BLVD STE 3E-11</b> <b>PALM BEACH, FL 33480</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S.</b> <b>333 Maya Palm Drive</b> <b>Boca Raton, FL 33432</b>	
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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 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: **2-07-07** **561-750-9800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #