


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90099 018 \*\*\*150.00


<b>DOCUMENT # M13023</b>					
1. Entity Name NATIONAL FOAM PRODUCTS, INC.					
Principal Place of Business 1929 WEST COPANS RD POMPANO BEACH, FL 33064			Mailing Address 1929 WEST COPANS RD POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  MADING, RAY 6532 S.W. 27TH PLACE MIRAMAR, FL 33023				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 NAME	PD MADING SHARON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

 **NATIONAL FOAM PRODUCTS, INC.**  
1929 West Copans Road  
Pompano Beach, FL 33064  
Email: foamqueen@bellsouth.net  
Phone 954-969-8337

25430

DATE 4-20-07

63-40630

**PAY TO THE ORDER OF** Florida Dept of State \$ 150.00  
one hundred fifty dollars in **DOLLARS** 

**BANK OF AMERICA**  
BANK OF AMERICA NA

FOR M 13023 (2007 for Corp Annual Report)

Sharon Mading

MP

STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
12. 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.	
<b>SIGNATURE:</b> <u>Sharon Mading SHARON MADING</u>	Date <u>4/27/07</u> Daytime Phone # <u>9549698337</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	