

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M13023

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL FOAM PRODUCTS, INC.

**Current Principal Place of Business:**

1929 WEST COPANS RD  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

9496 NORTHWEST 39TH STREET  
SUNRISE, FL 33351

**Current Mailing Address:**

9496 NW 39 STREET  
SUNRISE, FL 33351

**New Mailing Address:**

9496 NORTHWEST 39TH STREET  
SUNRISE, FL 33351

**FEI Number:** 59-2506875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADING, RAY  
446 LAKESIDE CIRCLE  
SUNRISE, FL 33326 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:** PRES  
**Name:** MADING, RAY  
**Address:** 446 LAKESIDE CIRCLE DR  
**City-St-Zip:** SUNRISE, FL 33326

**Title:** VP  
**Name:** MADING, SHARON  
**Address:** 9496 NW 39 ST  
**City-St-Zip:** SUNRISE, FL 33351

I hereby 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 all other like empowered.

**SIGNATURE:** RAY MADING

PRES

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date