

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005208

FILED
Apr 27, 2006
Secretary of State

Entity Name: MADISON AVENUE FOR KIDS, INC.

Current Principal Place of Business:

20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

FEI Number: 57-1181407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, KEITH A ESQUIRE
250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

JAMES, KEITH A ESQUIRE
4510 PORTOFINO WAY
SUITE 209
WEST PALM BEACH, FL 33409 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADISON, SAMUEL
Address: 20810 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: VP () Delete
Name: MADISON, SASKIA
Address: 20810 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: D () Delete
Name: WARREN, CLEVE
Address: 10543 ARROWHEAD COURT
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D () Delete
Name: ANDERSON, TODRA
Address: 19500 SW 39TH CT
City-St-Zip: MIRAMAR, FL 33029 US

Title: D () Delete
Name: MADISON, MARY
Address: 351 RIDGE RD
City-St-Zip: MONTICELLO, FL 32344 US

Title: TREA () Delete
Name: SOCOL, ROB
Address: 20810 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SASKIA MADISON

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date