


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064300 1. Entity Name MAD MAX CREATIONS, INC.	
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Principal Place of Business 3951 PALAU DR SARASOTA, FL 34241	Mailing Address 3951 PALAU DR SARASOTA, FL 34241
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DO NOT WRITE IN THIS SPACE



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1023102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TREMBLAY, MAXIME 3951 PALAU DR SARASOTA, FL 34241	DO NOT WRITE IN THIS SPACE
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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 upon reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMBAY, MAXINE 3951 PALAU DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREMBLEY, JULIE 3951 PALAU DR SARASOTA, FL 34241
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04/21/04-80015-001 150.00

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: *Julie Tremblay* **Julie Tremblay VP** 04/17/04 9413426453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #