
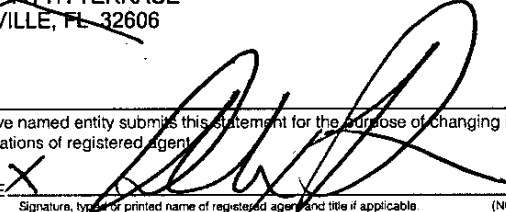
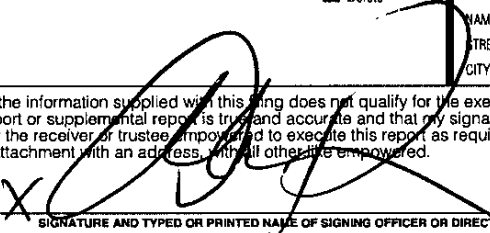


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90205 014 \*\*\*150.00

<b>DOCUMENT # P02000019699</b> 1. Entity Name <b>MADISON'S AVENUE OF GAINESVILLE, INC.</b>																																																					
Principal Place of Business <b>1333 NW 117TH TERRACE GAINESVILLE, FL 32606</b>			Mailing Address <b>1333 NW 117TH TERRACE GAINESVILLE, FL 32606</b>																																																		
2. Principal Place of Business <b>6921 NW 22nd Street</b>		3. Mailing Address <b>6921 NW 22nd Street</b>																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number <b>01-0610751</b>																																																	
Zip <b>32653</b>		Country <b>Alachua</b>		Applied For <input type="checkbox"/> Not Applicable																																																	
Zip <b>32653</b>		Country <b>Alachua</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>REECE, ALEX 1333 NW 117TH TERRACE GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name <b>Alex Reece</b> Street Address (P.O. Box Number is Not Acceptable) <b>6921 NW 22nd Street</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32653</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  DATE <b>4/25/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           D REECE, ALEX 1333 NW 117TH TERRACE GAINESVILLE, FL 32606         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REECE, ALEX 1333 NW 117TH TERRACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           D Reece, Alex 6921 NW 22nd Street Gainesville, FL 32653         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reece, Alex 6921 NW 22nd Street Gainesville, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.																																																					
SIGNATURE: 				Date <b>4/25/05</b> Daytime Phone # <b>(352) 375-8157</b>																																																	