

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000076947

1. Entity Name
MADE, INC.



Principal Place of Business
1069 N. COLLIER BLVD.
SUITE 209
MARCO ISLAND, FL 34145

Mailing Address

1069 N. COLLIER BLVD.
SUITE 209
MARCO ISLAND, FL 34145

2. Principal Place of Business

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

PITKIN, JERALD R ESQ.
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES, FL 34103

Name: *CORPORATE REGISTERED AGENT, L.L.C.*

Street Address (P.O. Box Number is Not Acceptable)

5147 Castello Drive

City: *Naples*

FL *34103*

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

Signature, typed or printed name of registered agent and title if applicable.

John Paulich II, MCR

2/22/05

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSDT
NAME: COUSINS, MICHELE
STREET ADDRESS: 1200 LILAC AVENUE
CITY-ST-ZIP: MARCO ISLAND, FL 34145

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dickie Cousins / MICHELE COUSINS 2/22/05 (239-6427) 777

**FILED
Mar 10, 2005 8:00 am
Secretary of State**

03-10-2005 90135 034 ***150.00



02202005 Chg-P CR2E034 (10/03)

4. FEI Number
76-0718845

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name: *CORPORATE REGISTERED AGENT, L.L.C.*

Street Address (P.O. Box Number is Not Acceptable)

5147 Castello Drive

City: *Naples*

FL *34103*