## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000092332

Entity Name: MADS' -N- CHAD'S, INC.

1301 CASTLEPORT RD.

WINTER GARDEN, FL 34787

Address:

City-St-Zip:

FILED Apr 04, 2006 Secretary of State

y		V 011/10 0, 11V0.				
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:		
	LONIAL DR., S GARDEN, FL		13750 W. COLONIAL D SUITE 130 WINTER GARDEN, FL			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:		
PO BOX 7 WINTER (	84567 GARDEN, FL	34778	PO BOX 784597 WINTER GARDEN, FL	34778 US		
FEI Number:	: 51-0422838	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
1840 SW 2 4TH FLOC MIAMI, FL	)R 33145 US		ournose of changing its registered	office or registered agent, or both,		
	e of Florida.	submits this statement for the p	raipose of changing its registered	office of registered agent, or both,		
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MESKO, DAVII 1301 CASTLEI		Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition		
Title: Name: Address: City-St-Zip:	MESKO, DAVII 1301 CASTLEI		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MESKO, DAVII 1301 CASTLEI		Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition		
Title: Name:	CFO ( MESKO, DAVII	) Delete D	Title: ( Name:	) Change ( ) Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

	SIGNATURE:	DAVID MESKO	PSD	04/04/2006
--	------------	-------------	-----	------------