## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 27, 2006 8:00 am Secretary of State 01-27-2006 90037 010 \*\*\*150.00

DOCUMENT # P03000086958  1. Entity Name MADDEN'S QUALITY CONCRETE, INC.								90037 0TO TS	0.00
Principal Plac	e of Business		Mailing Address						
294 WARWICK ST. P.O. BOX 57 PALM BAY, FL 32909 MALABAR, FL 32950						f 180f)001 (40 00	r) <b>a.a.</b> 11111 <b>a.a</b> 1111 <b>a.a</b> 1111 <b>a.a</b> 111	 	21(22:1:1:22)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01142006	Chg-P	CR2E034 (11/05)	)	
City & State			City & State		4. FEI Number 51-0482	502	<b>⊢</b>	opplied For lot Applicable	
Zip Country		Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Ac Fee Requir		
Name and Address of Current Registered Agent						7. Name and A	ddress of New R	egistered Agent	
MADDEN,	DANIÈL				Name				
594 WARWICK STREET PALM BAY, FL, 32909					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip Co	de
8. The above	named entity sub	omits this statement fo	r the purpose of changing its	register	L ed office or register	ed agent, or both,	in the State of Flo	. — ,	, and accept
the obligations of registered agent.  SIGNATURE David P Moddew (PRESIDENT) 1-24-06 Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
					+				
	ay 1, 2006 Fe		OO Trust Fund Con		+	ed to Fees	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
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thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; 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: