

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093718

Entity Name: MADE-RITE, INC.

FILED
Jul 28, 2006
Secretary of State

Current Principal Place of Business:

3024 EAGLET LOOP
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

3024 EAGLET LOOP
ORLANDO, FL 32837

New Mailing Address:

PO BOX 6305
KANEHOE, HI 96744

FEI Number: 20-0355409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROUCHE, ERNEST 3RD
3024 EAGLET LOOP
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIU, GREG
Address: 46-159 MEHEANU LOOP #3234
City-St-Zip: HAWAII, 96744

Title: VD () Delete
Name: DEROUCHE, ERNEST
Address: 3024 EAGLET LOOP
City-St-Zip: ORLANDO, FL 32837

Title: STD () Delete
Name: WATSON, LINDA
Address: 45-011 LILIPUNA RD
City-St-Zip: KANEHOE HAWAII, 96744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATSON, ZANE PRES
Address: 45-011 LILIPUNA RD
City-St-Zip: HAWAII, HI 96744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ZANE WATSON

PD

07/28/2006

Electronic Signature of Signing Officer or Director

_____ Date