


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000103138</b> 1. Entity Name MADISON INTERNATIONAL HOLDINGS INC.	
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Principal Place of Business 1902 CARRIAGE CT PLANT CITY, FL 33566	Mailing Address P.O. BOX 4141 PLANT CITY, FL 33564
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2406782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WETHERINGTON, RHONDA 1902 CARRIAGE CT PLANT CITY, FL 33566
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	NOTE: Registered Agent signature required when reinstating	DATE _____
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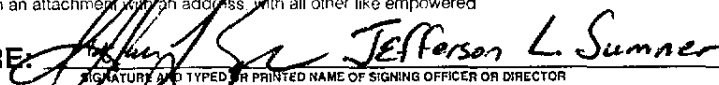
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WETHERINGTON, RHONDA 1902 CARRIAGE CT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY ST ZIP	D SUMNER, JEFFERSON 2139 NICHOLS RD LITHIA, FL 33547
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01/07/05-80003-022 150.00

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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	1-5-05 Date	813-752-5577 Daytime Phone #
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