


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90169 003 ***158.75

DOCUMENT # P04000059638					
1. Entity Name MADMORGAN ENTERPRISES, INC.					
Principal Place of Business 379 N.W. 35TH PLACE BOCA RATON, FL 33431			Mailing Address P.O. BOX 7211 BOCA RATON, FL 33431-7211		
2. Principal Place of Business		3. Mailing Address 379 N.W. 35TH PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BOCA RATON FL			
Zip	Country	Zip	Country		
33431		33431	FLA BEACH		
6. Name and Address of Current Registered Agent MORINO, PATRICIA M 379 N.W. 35TH PLACE BOCA RATON, FL 33431			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORINO, MORGAN		NAME		
STREET ADDRESS	P.O. BOX 7211		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 334317211		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORINO, MADISON		NAME		
STREET ADDRESS	P.O. BOX 7211		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 334317211		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORINO, PATRICIA		NAME		
STREET ADDRESS	PO BOX 7211		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <u><i>Patricia Morino (Director)</i></u>			Date: <u>4-24-06</u> Daytime Phone #: <u>561-391-9868</u>		