2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P04000101319 1. Entity Name MADCAP PROPERTIES, INC. 08 JAN 24 AMII: 53 Principal Place of Business Mailing Address 8556 BELLAGIO DRIVE 8556 BELLAGIO DRIVE NAPLES, FL 34114 NAPLES, FL 34114 600115988146 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1337016 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE BECTON, HENRY P JR. NAME STREET ADDRESS 9 MUSKETAQUID ROAD CITY-ST-ZIP CONCORD, MA 01742 TITLE GORDY, JEAN BECTON STREET ADDRESS 1733 LAS CANOAS RD CITY-ST-ZIP SANTA BARBARA, CA 93105 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 oath; that I am an officer or director of the corporation or the receivenor 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:

TITLE
NAME
STREET ADDRESS
CITY+ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DI

1/17/08

617-300-240

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Daytime Phone #



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UN SERVICE COMPANY	r	
	ACCOUNT NO. : 072100000032	
	REFERENCE : 411927 48092	298
	AUTHORIZATION : Squelle Censon	<u>ر</u>
	COST LIMIT : \$500.00	-
ORDER DATE :	January 22, 2008	
ORDER TIME :	10:0 AM	
ORDER NO. :	411927-005	
CUSTOMER NO:	4809298	
NAME :	ANNUAL REPORT FILING MADCAP PROPERTIES, INC.	RECEIVED 08 JAN 24 MM 10: 4 08 JAN 24 MM 10: 4 01 PIS 10 A STATE DIAM 10: 10 TALL / HASSEE FLORIDA
XX ANNUAL F	REPORT	SARBER CH
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STANDING	
CONTACT PERSON	N: Troy Todd-EXT#2940	
	EXAMINER'S INITIALS:	