2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# P05000115441

Entity Name: MADISON PROCESSING INC.

Current Principal Place of Business:

1255 MASADA LANE
SPRING HILL, FL 34608

New Principal Place of Business:

14791 COPELAND WAY
SPRING HILL, FL 34604 US

Current Mailing Address:

1255 MASADA LANE
SPRING HILL, FL 34608

New Mailing Address:

14791 COPELAND WAY
SPRING HILL, FL 34604 US

FEI Number: 20-3393990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 336372087 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: D ( ) Delete
Name: CHAMBE, DEBRA M
Address: 1255 MASADA LANE
City-St-Zip: SPRING HILL, FL 34608

Title: D ( ) Delete
Name: CHAMBE, BRIAN R
Address: 1255 MASADA LANE
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHAMBE, DEBRA M
Address: 14791 COPELAND WAY
City-St-Zip: SPRING HILL, FL 34604

Title: D (X) Change ( ) Addition
Name: CHAMBE, BRIAN R
Address: 14791 COPELAND WAY
City-St-Zip: SPRING HILL, FL 34604

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA CHAMBE MRS 05/11/2007

Electronic Signature of Signing Officer or Director Date