

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026680

Entity Name: MACDADE HOMES INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

1111 ABADT CT.
DELTONA, FL 32725

New Principal Place of Business:

1111 ABADY CT.
DELTONA, FL 32725

Current Mailing Address:

1111 ABADT CT.
DELTONA, FL 32725

New Mailing Address:

1111 ABADY CT.
DELTONA, FL 32725

FEI Number: 16-1751179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDADE, BARBARA
1111 ABADT CT.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MACDADE, BARBARA
1111 ABADY CT.
DELTONA, FL 32725 US

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:

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACDADE, BARBARA
Address: 1111 ABADT CT.
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: MACDADE, SCOTT
Address: 1111 ABADT CT.
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: MACDADE, AUSTIN
Address: 1111 ABADT CT.
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: MACDADE, ADAM
Address: 1111 ABADT CT.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACDADE, BARBARA
Address: 1111 ABADY CT.
City-St-Zip: DELTONA, FL 32725

Title: VD (X) Change () Addition
Name: MACDADE, SCOTT
Address: 1111 ABADY CT.
City-St-Zip: DELTONA, FL 32725

Title: TD (X) Change () Addition
Name: MACDADE, AUSTIN
Address: 1111 ABADY CT.
City-St-Zip: DELTONA, FL 32725

Title: SD (X) Change () Addition
Name: MACDADE, ADAM
Address: 1111 ABADY CT.
City-St-Zip: DELTONA, FL 32725

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: BARBARA MACDADE

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date