2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123749

Address:

5551 NW 50TH AVE

City-St-Zip: COCONUT CREEK, FL 33073

Entity Name: REFURB MADNESS, INC.

FILED Apr 18, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
	OWHEART WAY OOD, FL 33019	, 48				
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
	OWHEART WAY OOD, FL 33019	48				
FEI Number	: 20-5612056 I	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	l Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:		
3117 SEB	N, DAVID J RING COURT IVILLE, FL 32223	US				
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,		
SIGNATU	RE:					
	Electronic	Signature of Registered Age	ent	Date		
Election Ca	mpaign Financing Tr	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () De NORGREN, BARBA 1125 YELLOWHEA HOLLYWOOD, FL	ARA ART WAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VP () De	elete	Title: Name:	() Change () Addition		

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 C NORGREN P 04/18/2007