2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126108

Entity Name: MADD CONCRETE CREATIONS INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 68 CARRIAGE HILL CRICLE CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 68 CARRIAGE HILL CRICLE CASSELBERRY, FL 32707 FEI Number: 45-0555991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALAVET, JONELL 68 CARRIAGE HILL CIRCLE CASSELBERRY, FL 32707 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MALAVET, JONELL Name: Name: 68 CARRIAGE HILL CIRCLE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: Title: () Delete () Change () Addition MALAVET, JONELL Name: Name: 68 CARRIAGE HILL CIRCLE Address: Address: CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MALAVET, JONELL Name: Name: 68 CARRIAGE HILL CIRCLE Address: Address: CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MALAVET, JONELL Name: Name: Address: 68 CARRIAGE HILL CIRCLE Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: Title: () Delete () Change () Addition MALAVET, JONELL Name: Name: 68 CARRIAGE HILL CIRCLE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: () Delete Title: () Change () Addition MALAVET, JONELL Name: Name: 68 CARRIAGE HILL CIRCLE Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707

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: JONELL MLAVET PRES 04/21/2009