2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Mar 19, 2007 8:00 am **Secretary of State DOCUMENT # P06000133387** 1. Entity Name 03-19-2007 90055 030 ***158.75 MADRID HOUSE 822 INC. Principal Place of Business Mailing Address 216 PARK BLVD. SOUTH 216 PARK BLVD. SOUTH VENICE, FL 34285 US VENICE, FL 34285 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF JONATHAN R. SAUNDERS, P.A. Street Address (P.O. Box Number is Not Acceptable) 1872 TAMIAMI TRAIL SOUTH SUITE D **VENICE,, FL 34285** City Zip Code 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. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI É ☐ Change ☐ Addition SAUNDERS, RUTH NAME NAME STREET ADDRESS 216 PARK BLVD. SOUTH STREET ADORESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PENNER, SIDNEY NAME NAME STREET ADORESS 216 PARK BLVD. SOUTH STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PENNER, BRENDA NAME MALIF STREET ADORESS 216 PARK BLVD, SOUTH STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-779 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 receiver or 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

FILED

March 15. 2007