2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P94000016544 MADISON STARTERS & ALTERNATORS, INC. Principal Place of Business Mailing Address **364 SW PINCKNEY ST 364 SW PINCKNEY ST** MADISON, FL 32340 MADISON, FL 32340 CR2E034 (11/05) 01042008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3295937 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAWSON, ROBERT W 17306 90TH TERRACE LIVE OAK, FL 32060 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DAWSON, ROBERT W NAME STREET ADORESS 17306 90TH TERRACE LIVE OAK, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME . STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CRIY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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

850.973-3902