2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # P95000013248** MADÍSON & WALL WORLDWIDE, INC. Principal Place of Business Mailing Address 195 WEKIVA SPRGS RD #310 195 WEKIVA SPRGS RD #310 LONGWOOD, FL 32779 US LONGWOOD, FL 32779 US 03022005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3299963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE LAWRENCE, KATZ 341 N. MAITLAND AVE. STF 120 IN THIS SPACE MAITLAND, FL 32751 The second secon 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. (NOTE Registered Agent signature required when reinstating) U000000314826 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 04/19/05-80009-016 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ELLIOTT, BRUCE 195 WEKIVA SPRGS RD #310 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 TITLE HARRISON, HENRY NAME. STREET ADDRESS 195 WEKIVA SPRGS RD #310 CITY-ST-7IP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05 407-682-200.

FILED