

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000043591

1. Entity Name

MADDEN ENGINEERING, INC.



Principal Place of Business

431 EAST HORATIO AVENUE, SUITE 260  
MAITLAND, FL 32751

Mailing Address

431 EAST HORATIO AVENUE, SUITE 260  
MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**



03272006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3376220

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MADDEN, CHARLES M  
431 EAST HORATIO AVENUE, SUITE 260  
MAITLAND, FL 32751

**DO NOT WRITE  
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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MADDEN, CHARLES M

431 EAST HORATIO AVENUE, SUITE 260

MAITLAND, FL 32751

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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04/18/06-80057-006 200.00

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #