2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043796

Entity Name: MADDEN MANUFACTURING, CO.

FILED May 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1889 N.W. 22ND STREET 331 DOGWOOD ROAD POMPANO BEACH, FL 33069 LAKE OZARK, MO 65049

Current Mailing Address: New Mailing Address:

1889 N.W. 22ND STREET 331 DOGWOOD ROAD POMPANO BEACH, FL 33069 LAKE OZARK, MO 65049

FEI Number: 65-0704673 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:

MADDEN, MARY ANNE MADDEN, MARY ANNE 1889 N.W. 22ND STREET 320 LAKE DRIVE POMPANO BEACH, FL 33069 US COCONUT CREEK, FL 33066 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: MARY ANNE MADDEN 05/18/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: (X) Change () Addition

MADDEN, MARY ANNE Name: Name: MADDEN, MARY ANNE 1901 NW 22 ST 320 LAKE DRIVE Address: Address:

City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: COCONUT CREEK, FL 33066

Title: Title: (X) Change () Addition () Delete

MADDEN, MICHAEL R Name: Name: MADDEN, MICHAEL R 1901 NW 22 ST 320 LAKE DRIVE Address: Address:

POMPANO BEACH, FL 33069 COCONUT CREEK, FL 33066 City-St-Zip: City-St-Zip:

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: MARY ANNE MADDEN **PST** 05/18/2009