2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P96000053011

Entity Name: MADDEN CORPORATE SERVICES, INC.

Current Principal Place of Business:

6810 NEW TAMPA HIGHWAY
SUITE 200
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

6810 NEW TAMPA HIGHWAY
SUITE 200
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 59-3384152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADDEN, STEPHEN S
6810 NEW TAMPA HIGHWAY
SUITE 200
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MADDEN, STEPHEN S
Address: 1622 CLARENDON AVE
City-St-Zip: LAKELAND, FL 33803

Title: PRES ( ) Delete
Name: MADDEN, GREGORY A
Address: 1325 ROLLINGWOODS LANE
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MADDEN, STEPHEN S
Address: 1622 CLARENDON AVE
City-St-Zip: LAKELAND, FL 33803

Title: VP (X) Change ( ) Addition
Name: MADDEN, GREGORY A
Address: 1325 ROLLINGWOODS LANE
City-St-Zip: LAKELAND, FL 33801

Title: VP ( ) Change (X) Addition
Name: CALHOUN, MICHAEL R
Address: 1320 LAKE MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

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 K BOYER ACCT 04/17/2008

Electronic Signature of Signing Officer or Director — Date