2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072221

Entity Name: MADISON SYSTEMS, INC.

FILED May 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 750 OAKDALE DR, SUITE 60 NORTH YORK, ONT GORMLEY, ON L0H1G0 CA M3N2Z4, **Current Mailing Address: New Mailing Address:** PO BOX 70 PO BOX 70 GORMLEY, ONT GORMLEY, ON L0H1G0 CA L0H1G0, XX FEI Number: 65-0788338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANTHONY, LAURA ESQ 330 CLEMATIS ST #217 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: MCNALLY, DON MCNALLY, DON Name: Name: **PO BOX 70** PO BOX 70 Address: Address: City-St-Zip: GORMLEY, ONTARIO, CA City-St-Zip: GORMLEY, ON L0H1G0 CA Title: PD Title: (X) Delete () Change () Addition Name: MARCHILDON, VICTOR M Name: 750 OAKDALE DR SUITE 60 Address: Address: NORTH YORK, ON CA City-St-Zip: City-St-Zip: Title: Title: VD. () Delete () Change () Addition IVES, JAY B Name: Name: 49 HIRAM RD Address: Address: City-St-Zip: RICHMOND HILL, ON CA City-St-Zip: Title: () Delete Title: () Change () Addition GRAHAM, DINWOODIE Name: Name: Address: 75 HAMILTON DR Address: City-St-Zip: NEW MARKET, ON CA City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DON MCNALLY P 05/04/2006