2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# P97000072221

Entity Name: MADISON SYSTEMS, INC.

Current Principal Place of Business:

23,721 HIGHWAY 48
UNIT #7
MT ALBERT, ON L0G1M CA

New Principal Place of Business:

Current Mailing Address:

21,469 HIGHWAY 48
P.O.BOX 947
MT ALBERT, ON L0G1M CA

New Mailing Address:

FEI Number: 65-0788338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHONY, LAURA ESQ
330 CLEMATIS ST
#217
WEST PALM BEACH, FL 33401 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

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:

Title: P ( ) Delete
Name: MCNALLY, DON
Address: 21,469 HWY 48, P.O. BOX 947
City-St-Zip: MT ALBERT, ON L0G-1M0 CA

Title: VP ( ) Delete
Name: IVES, JAY B
Address: 21,469 HWY 48, P.O. BOX 947
City-St-Zip: MT ALBERT, ON L0G-1M0 CA

Title: D ( ) Delete
Name: GRAHAM, DINWOODIE
Address: 21,469 HWY 48, P.O.BOX 947
City-St-Zip: MT ALBERT, ON L0G-1M0 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DON MCNALLY P 05/07/2009

Electronic Signature of Signing Officer or Director Date