2007 FOR PROFIT CORPORATION

Mar 12, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000053787 03-12-2007 90080 009 ***150.00 1. Entity Name MADEWELL KITCHENS, INC. Principal Place of Business Mailing Address 11617 SR 52 11617 SR 52 HUDSON, FL 34669 HUDSON, FL 34669 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3517519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MADEWELL, HENRY D JR DO NOT WRITE 11617 SR 52 HUDSON, FL 34669 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MADEWELL, HENRY NAME STREET ADDRESS 11617 SR 52 CITY-ST-ZIP HUDSON, FL 34669 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE

STREET ADDRESS CITY+ST+7IP

*403-0*9

X727-856-1014

FILED