


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000005310**  
 1. Entity Name  
**MADDERRA GROUP, INC.**



Principal Place of Business 3385 MCCLURE BRIDGE RD DULUTH, GA 30096	Mailing Address 3385 MCCLURE BRIDGE RD DULUTH, GA 30096
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03112003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2489826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARDNER, KAREN  
 2801 BEN HOGAN CT.  
 SHALIMAR, FL 32579

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADDERRA, TERESA LYNN 3385 MCCLURE BRIDGE RD DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MADDERRA, TOD 3385 MCCLURE BRIDGE RD DULUTH, GA 30096
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 05/19/04-80003-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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.

SIGNATURE: Lynn Madderra Lynn Madderra 5/17/04 770-622-0877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #