


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0400000808**

1. Entity Name  
**MADEN TECH CONSULTING, INC.**



Principal Place of Business <b>2110 WASHINGTON BLVD.          SUITE 200          ARLINGTON, VA 22204</b>	Mailing Address <b>2110 WASHINGTON BLVD.          SUITE 200          ARLINGTON, VA 22204</b>
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-P CR2E034 (11/05)

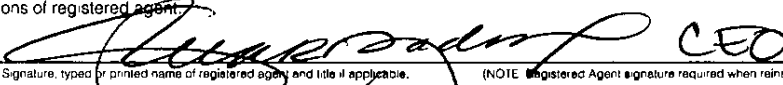
4. FEI Number <b>54-1323531</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MADEN, OMAR CEO  
 3350 SW 27TH AVE  
 #1802  
 COCONUT GROVE, FL 33133**

**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:  **CEO** DATE: **4-23-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO MADEN, OMAR 3350 SW 27TH AVE., #1802 COCONUT GROVE, FL 33133
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 05/27/08-80082-005 158.75

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

SIGNATURE:  DATE: **4-23-08** DAYTIME PHONE #: **703/769-4555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR