2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F07000002650

Entity Name: MADISON AVENUE ADVISORS, INC.

Current Principal Place of Business:

10731 TREENA ST.
SUITE 201
SAN DIEGO, CA 92131

New Principal Place of Business:

Current Mailing Address:

10731 TREENA ST.
SUITE 201
SAN DIEGO, CA 92131

New Mailing Address:

FEI Number: 20-3526382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AKERSTROM, STEPHANIE
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: S ( ) Delete
Name: MCNEES, MARTIN
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: T ( ) Delete
Name: KNAPP, CONSTANCE
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: D ( ) Delete
Name: MIDLAM, MICHAEL
Address: 9715 BUSINESSPARK AVE.
City-St-Zip: SAN DIEGO, CA 92131

Title: V ( ) Delete
Name: SCHWARTZ, SETH
Address: 10731 TREENA ST. SUITE 201
City-St-Zip: SAN DIEGO, CA 92131

Title: D ( ) Delete
Name: AKERSTIEN, JAY
Address: 9715 BUSINESSPARK AVE.
City-St-Zip: SAN DIEGO, CA 92131

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:

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

Title: D (X) Change ( ) Addition
Name: DURLAND, LESLIE
Address: 2519 OLD DARBY ROAD
City-St-Zip: DARBY, MT 59829

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: MARTIN MCNEES S 02/04/2009

Electronic Signature of Signing Officer or Director — Date