

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90076 031 ***150.00



DOCUMENT # P05000000357

1. Entity Name

MODERN COMMUNICATIONS INC.

Principal Place of Business

2525 W. TENNESSEE ST
 TALLAHASSEE FL 32304

Mailing Address

2525 W. TENNESSEE ST
 TALLAHASSEE FL 32304



2. Principal Place of Business

3. Mailing Address

2525 W. Tennessee ST
 Suite, Apt. #, etc.

600 Peachtree PKWY
 Suite, Apt. #, etc.
 113

1st MOORE CR2E034 (10/05)

City & State

Tallahassee FL

City & State

Cumming GA

4. FEI Number

20-2088100

Applied For

Not Applicable

Zip

32304

Country

USA

Zip

30041

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAVRILOVIC, MILAN
 2525 W. TENNESSEE ST.
 TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name Milan GAVRILOVIC

Street Address (P.O. Box Number is Not Acceptable)
 2525 W. Tennessee ST

City Tallahassee FL Zip Code 32304

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

Signature, typed or printed name of registered agent and title if applicable

(President/CEO)

MILAN GAVRILOVIC (PRESIDENT/CEO) 4/2/06

(NOTE: registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO Delete
 NAME GAVRILOVIC, MILAN
 STREET ADDRESS 4025 MCGINNIS FERRY RD., #1514
 CITY-ST-ZIP SUWANEE GA 30024

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPS Delete
 NAME WALKER, PERRY C
 STREET ADDRESS 1543 MERRY OAKS CT.
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MILAN GAVRILOVIC

4/2/06

404-437-6256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #