


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P40939 1. Entity Name Modular Space Corporation	
--	---

FILED
 07 OCT 26 AM 9:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 530 East Swedesford Road Wayne, PA 19087	Mailing Address 22810 Quicksilver Road Dulles, VA 20166
---	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FFI Number 54-1375284	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 registering) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
------------------------------	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> Delete
NAME	PAQUIN, Charles R.
STREET ADDRESS	22810 Quicksilver Road
CITY-ST-ZIP	Dulles, VA 20166
TITLE	Secretary <input type="checkbox"/> Delete
NAME	SHEETS, James D.
STREET ADDRESS	530 East Swedesford Road
CITY-ST-ZIP	Wayne, PA 19087
TITLE	Director <input type="checkbox"/> Delete
NAME	FERRELL, James T.
STREET ADDRESS	22810 Quicksilver Road
CITY-ST-ZIP	Dulles, VA 20166
TITLE	Director <input type="checkbox"/> Delete
NAME	LORSCH, David P.
STREET ADDRESS	22810 Quicksilver Road
CITY-ST-ZIP	Dulles, VA 20166
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	POPKO, Deborah
STREET ADDRESS	22810 Quicksilver Road
CITY-ST-ZIP	Dulles, VA 20166
TITLE	Secretary <input type="checkbox"/> Delete
NAME	RYAN, Jonathan A.
STREET ADDRESS	530 East Swedesford Road
CITY-ST-ZIP	Wayne, PA 19087

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREMER, Kevin P.
STREET ADDRESS	530 East Swedesford Road
CITY-ST-ZIP	Wayne, PA 19087
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIPP, Keith G.
STREET ADDRESS	530 East Swedesford Road
CITY-ST-ZIP	Wayne, PA 19087
TITLE	
NAME	
STREET ADDRESS	400112080284
CITY-ST-ZIP	11/07/07--01040--011 **61.25
TITLE	
NAME	<i>10/29/07</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Jonathan A Ryan	Date: <i>10/29/2007</i>	Daytime Phone #: <i>484-264-0328</i>
--	------------------------	-------------------------	--------------------------------------