

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90399 016 \*\*\*150.00

DOCUMENT # P97000022908 1. Entity Name MODIS/COMPUTER ACTION, INC.	
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Principal Place of Business 1 INDEPENDENT DR JACKSONVILLE, FL 32302 US	Mailing Address 1 INDEPENDENT DR ATTN: TAX DEPT JACKSONVILLE, FL 32202 US
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40075661



**DO NOT WRITE IN THIS SPACE**

04242006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3444066	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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	VPS HOLLAND, GREGORY ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD PAYNE, TIMOTHY ONE INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLEN, JOHN P 14401 SWEITZER LANE LAUREL, MD 20707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

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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: *[Signature]* Date: (904)360-2704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #