

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000475

FILED
Jan 05, 2005
Secretary of State

Entity Name: MODULAR PROTECTION CORPORATION

Current Principal Place of Business:

14820 W. 107TH STREET
LENEXA, KS 66215

New Principal Place of Business:

Current Mailing Address:

14820 W. 107TH STREET
LENEXA, KS 66215

New Mailing Address:

FEI Number: 48-0851447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
103 NORTH MERIDIAN ST
TALLAHASSEE, FL 32301 US

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: RUTH SWANSON

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GLENN, C. LEE
Address: 7017 CREST
City-St-Zip: SHAWNEE, KS 66218

Title: WV () Delete
Name: NIEMANN, RICHARD
Address: 5721 OAKVIEW
City-St-Zip: SAHWNEE, KS 66218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: C. LEE GLENN

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date