

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12404

Entity Name: MODUS OPERANDI, INC.

FILED
Jan 21, 2004
Secretary of State

Current Principal Place of Business:

122 4TH AVENUE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

122 4TH AVENUE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-2440972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DYSON, PETER B.
122 4TH AVE
INDIALANTIC, FL 32903 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: DPT () Delete
Name: DYSON, PETER B
Address: 122 FOURTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: KENNEDY, DONALD
Address: 5610 GROVE POINT RD
City-St-Zip: ALPHARETTA, GA 30022

Title: C () Delete
Name: HIGHT, JACK
Address: 369 S LAKE DR.
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: LINSTROTH, JOHN
Address: 8 INTERLACHEN CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: C (X) Change () Addition
Name: HIGHT, JACK
Address: 265 SOUTHLAND ROAD
City-St-Zip: PALM BEACH, FL 33480

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

Title: D () Change (X) Addition
Name: MORCOM, RUSS
Address: 339 CORAL WAY STREET
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Change (X) Addition
Name: WOOD, SUSAN K
Address: 224 NEMO CIRCLE N.E.
City-St-Zip: PALM BAY, FL 32907

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: SUSAN K. WOOD

S

01/21/2004

Electronic Signature of Signing Officer or Director

Date