


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 002 ***158.75

DOCUMENT # H12404
 1. Entity Name
MODUS OPERANDI, INC.



Principal Place of Business Mailing Address
122 FOURTH AVENUE **122 FOURTH AVENUE**
INDIALANTIC, FL 32903 US **INDIALANTIC, FL 32903 US**

40033143



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01232008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2440972 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DYSON, PETER B.
122 FOURTH AVE
INDIALANTIC, FL 32903

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYSON, PETER B		NAME		
STREET ADDRESS	122 FOURTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEUTHAN, CHARLES J JR		NAME		
STREET ADDRESS	122 FOURTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHEN, ALAN		NAME		
STREET ADDRESS	122 FOURTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, RICHARD		NAME		
STREET ADDRESS	122 FOURTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANESE, ANTHONY		NAME		
STREET ADDRESS	4668 HIGHWAY A1A		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILEMAN, MARK		NAME		
STREET ADDRESS	122 FOURTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		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: Charles J. Keuthan, Jr. Date: 2/13/08 Daytime Phone #: 321-984-3370

SEE Attached Sheet for Additional Officers & Directors

ATTACHMENT

40039149

Modus Operandi, Inc.

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2008 Additional Directors

<u>Title</u>	<u>D</u>
<u>Name</u>	<u>Richard McNeight</u>
<u>Street Address</u>	<u>146 Windward Way</u>
<u>City-ST-Zip</u>	<u>Indian Harbour Beach, FL 32937</u>

<u>Title</u>	<u>D</u>
<u>Name</u>	<u>James Thomas</u>
<u>Street Address</u>	<u>122 Fourth Avenue</u>
<u>City-ST-Zip</u>	<u>Indialantic, FL 32903</u>