

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12404

FILED
Feb 17, 2011
Secretary of State

Entity Name: MODUS OPERANDI, INC.

Current Principal Place of Business:

709 S. HARBOR CITY BLVD.
SUITE 400
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

709 S. HARBOR CITY BLVD.
SUITE 400
MELBOURNE, FL 32901 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.
709 S. HARBOR CITY BLVD.
SUITE 400
MELBOURNE, FL 32901 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: DYSON, PETER B
Address: 709 S. HARBOR CITY BLVD., SUITE 400
City-St-Zip: MELBOURNE, FL 32901

Title: S
Name: KEUTHAN, CHARLES J JR
Address: 709 S. HARBOR CITY BLVD., SUITE 400
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: MCNEIGHT, RICHARD
Address: 253 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D
Name: THOMAS, JAMES W
Address: 3158 WYNDHAM WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: CATANESE, ANTHONY
Address: 4668 HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby 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 all other like empowered.

SIGNATURE: CHARLES J. KEUTHAN, JR.

VP

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date