


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000034148	
1. Entity Name MODIS OF GEORGIA, INC.	

Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3675910	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 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000334913 04/27/05-80064-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLEN, JOHN P 7901 SANDY SPRINGS RD., STE 505 LAUREL, MD 20707	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Handwritten Signature* 4-25-05 914-362-2724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #