

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State


04-16-2007 90043 024 ***150.00

DOCUMENT # P01000010012	
1. Entity Name MODERN BUSINESS ENTERPRISES, INC.	

Principal Place of Business 1187 8 ST S NAPLES, FL 34102	Mailing Address 1187 8 ST S NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box # 599 5TH AVE SOUTH	3. Mailing Address 4288 PROGRESS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State NAPLES FL
Zip 34102	Country
Country	Zip 34104



02022007 Chg-P CR2E034 (12/06)

4. FEI Number 38-2416585	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 FLANIGAN, JOSEPH L 1187 8TH ST S NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME FLANIGAN, JOSEPH	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 599 5TH AVES. NAPLES FL 34102
STREET ADDRESS 1187 8 ST S	CITY-ST-ZIP NAPLES, FL 34102	STREET ADDRESS 599 5TH AVES.	CITY-ST-ZIP NAPLES FL 34102
TITLE DVP <input type="checkbox"/> Delete	NAME FLANIGAN, CAROL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 599 5TH AVES. NAPLES FL 34102
STREET ADDRESS 1187 8 ST. S.	CITY-ST-ZIP NAPLES, FL 34102	STREET ADDRESS 599 5TH AVES.	CITY-ST-ZIP NAPLES FL 34102
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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: J L Flanagan 4.11.07 239 7777256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #