2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022971

Entity Name: MODELITHICS, INC.

LUTZ, FL 33548

City-St-Zip:

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3650 SPECTRUM BOULEVARD UTC II, SUITE 170 TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** P.O. BOX 1742 LUTZ, FL 33458 FEI Number: 59-3701098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULLIVAN, STEPHEN HINES NORMAN SULLIVAN & ASSOC. 315 S HYDE PARK AVE TAMPA, FL 33606 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPS () Delete Title: () Change () Addition DUNLEAVY, LAWRENCE P Name: Name: 3275 LAKE PADGETT DR Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: VCD () Delete Title: () Change () Addition Name: WELLER, THOMAS Name: 505 CRYSTAL GROVE BLVD Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAWRENCE P DUNLEAVY DPS 03/30/2006