

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90330 011 \*\*\*150.00

<b>DOCUMENT # P01000116292</b> 1. Entity Name <b>MODERN RUBY COMPANY</b>					
Principal Place of Business <b>2920 ABBEY COURT WINTER PARK, FL 32792</b>			Mailing Address <b>2920 ABBEY COURT WINTER PARK, FL 32792</b>		
2. Principal Place of Business - No P.O. Box # <b>5140 DORWIN PL</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>5140 DORWIN PL</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>ORLANDO, FL</b> <small>Zip</small> <b>32814</b> <small>Country</small> <b>USA</b>		City & State <b>ORLANDO, FL</b> <small>Zip</small> <b>32814</b> <small>Country</small> <b>USA</b>		4. FEI Number <b>59-3758215</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WIN, AUNG KYAW 2920 ABBEY COURT WINTER PARK, FL 32792</b>			7. Name and Address of New Registered Agent Name <b>WIN, AUNG KYAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>5140 DORWIN PL</b> City <b>ORLANDO</b> <b>FL</b> <small>Zip Code</small> <b>32814</b>		
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WIN, AUNG KYAW</b> <input checked="" type="checkbox"/> Delete <b>2900 ABBEY COURT</b> <b>WINTER PARK, FL 32792</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WIN, AUNG KYAW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5140 DORWIN PL</b> <b>ORLANDO, FL 32814</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <input checked="" type="checkbox"/>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					