


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000080332 1. Entity Name MODERN MAILBOX DESIGNS, INC. |  |
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| Principal Place of Business 1372 BENNETT DR # 124 LONGWOOD, FL 32750 | Mailing Address P.O. BOX 622-285 OVIEDO, FL 32762-2285 |
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

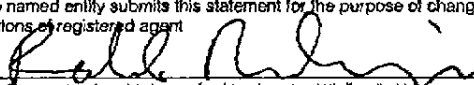
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|--|--|
| 4. FEI Number 20-1821969 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ROLANDO
720 FAWN LILY COVE
OVIEDO, FL 32766**

**DO NOT WRITE
IN THIS SPACE**

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: **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

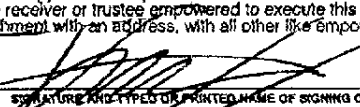
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUMNER, TROY 5209 S.W. 95TH AVENUE COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, LUIS 4880 S.W. 104 AVENUE COOPER CITY, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, ROLANDO 720 FAWN LILY COVE OVIEDO, FL 32766 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/23/06-80001-004 158.75

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:  DATE: **4/26/06** DAYTIME PHONE #: **407 331 6245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR