

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011037

Entity Name: MODECON, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

11764 S.W. VALENCIA CT
PALM CITY, FL 34990

New Principal Place of Business:

11764 S.W. VALENCIA CT
PALM CITY, FL 34990 US

Current Mailing Address:

11764 S.W. VALENCIA CT
PALM CITY, FL 34990

New Mailing Address:

11764 S.W. VALENCIA CT
PALM CITY, FL 34990 US

FEI Number: 20-2277948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAY, LAWRENCE E III
555 COLORADO AVE STE 1
STUART, FL 34994 US

Name and Address of New Registered Agent:

HANSBROUGH, BRUCE A SR
11764 S.W. VALENCIA CT.
PALM CITY, FL 34990 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: B.A. HANSBROUGH

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSBROUGH, NANCY G
Address: 11764 S.W. VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: HANSBROUGH, BRUCE A
Address: 11764 S.W. VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: GRIFFTH, CONNIE
Address: 11764 S.W. VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANSBROUGH, NANCY G
Address: 11764 S.W. VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: HANSBROUGH, BRUCE A SR
Address: 11764 S.W. VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Change () Addition
Name: GRIFFTH, CONNIE
Address: 11764 S.W. VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

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: B.A. HANSBROUGH

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date