2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049399

Entity Name: MODUS MEDIA WORKS, INC.

7992 PEPPERCORN COURT

() Delete

HOBE SOUND, FL 33455

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7992 PEPPERCORN COURT 759 S FEDERAL HIGHWAY HOBE SOUND, FL 33455 215 STUART, FL 34994 **Current Mailing Address: New Mailing Address:** PO BOX 1124 HOBE SOUND, FL 33475 FEI Number: 74-3173043 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: () Delete Title: (X) Change () Addition JIMENEZ, FRANCIS M Name: Name: JIMENEZ, FRANCIS M 7992 PEPPERCORN COURT 759 S FEDERAL HIGHWAY, SUITE: 215 Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: STUART, FL 34994 VΡ Title: VΡ Title: () Delete (X) Change () Addition Name: LOVATO, ERICKA M Name: LOVATO, ERICKA M 7992 PEPPERCORN COURT 759 S FEDERAL HIGHWAY, SUITE:215 Address: Address: HOBE SOUND, FL 33455 HOBE SOUND, FL 34994 City-St-Zip: City-St-Zip: Title: () Delete (X) Change () Addition Title: JIMENEZ, CORINA L JIMENEZ, CORINA L Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: FRANCIS M JIMENEZ PDT 04/26/2007

759 S FEDERAL HIGHWAY, SUITE:215

759 S FEDERAL HIGHWAY, SUITE: 215

() Change (X) Addition

STUART, FL 34994

JOHNSON, SUSAN

STUART, FL 34994