2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2007 8:00 am **Secretary of State DOCUMENT # P06000120189** 03-12-2007 90078 015 ***158.75 1. Entity Name MODIM INC. Principal Place of Business Mailing Address % THE KARP LAW FIRM, P.A. % THE KARP LAW FIRM, P.A. 2875 PGA BOULEVARD, SUITE 100 2875 PGA BOULEVARD, SUITE 100 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # Mailing Address % ALLAN S. BISK 4779 COLLINS AYENUE Suite, Apt. #, etc. 03072007 CR2E034 (12/06) Chg-P 4308 4779 COLLINS AVE. City & State MIAMI BEACH City & State 4. FEI Number Applied For 20 55 6 7205 MIAMI BEACH Not Applicable Country \$8.75 Additional Country MIAMI 5. Certificate of Status Desired DADE MIAMI | DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE KARP LAW FIRM, P.A. Street Address (P.O. Box Number is Not Acceptable) 2875 PGA BOULEVARD SUITE 100 PALM BEACH GARDENS, FL 33410 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE **™** Change ☐ Addition TITE AN S. BISK NAME BISK, ALLAN S NAME 2875 PGA BOULEVARD, SUITE 100 STREET ADDRESS 4779 COLLINS AYENUE SUITE 4308 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP 33/40 MIAMI BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 of 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 ALLAN S.BISK 7 MARCH 2007 (305)604.7999 PRESIDENT SIGNATURE:

FILED