2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125366

FILED Apr 27, 2007 Secretary of State

Entity Name: MODEST BUSINESS DEVELOPMENT SOLUTIONS, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
27 RIVERSIDE D	RIVE			
35 CORAL SPRINGS	, FL 33067			
Current Mailing A	Address:	New Maili	ing Address:	
27 RIVERSIDE D 335	RIVE			
ORAL SPRINGS	, FL 33067			
El Number: 20-5694	726 FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
lame and Addres	ss of Current Registered Agent:	Name and	Address of New Registered Agent:	
SMALL BUSINESS 435 NW 57TH ST AMARAC, FL 33		3		
he above named		urpose of changing	its registered office or registered agent, or both	
	ida.			
the State of Flori	da.			
the State of Flori	ida. Electronic Signature of Registered Age	nt	Date	
the State of Flori		nt	Date	
n the State of Flori	Electronic Signature of Registered Age inancing Trust Fund Contribution ().		Date NS/CHANGES TO OFFICERS AND DIRECTO	
the State of Floring IGNATURE: Comparison Filection Campaign Filect	Electronic Signature of Registered Age inancing Trust Fund Contribution ().			
the State of Flori	ilectronic Signature of Registered Age inancing Trust Fund Contribution ().	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTO PTSD () Change (X) Addition TONG, FRANCYNE 927 RIVERSIDE DRIVE, #335	
the State of Floring IGNATURE: Exection Campaign Fine Interest AND Interest Interes	Electronic Signature of Registered Age inancing Trust Fund Contribution (). DIRECTORS: () Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	PTSD () Change (X) Addition TONG, FRANCYNE 927 RIVERSIDE DRIVE, #335 CORAL SPRINGS, FL 33319 US VPAT () Change (X) Addition HYLTON, AYATOLLAH R 927 RIVERSIDE DRIVE #335	

I hereby certify that the information supplied with this filing does not qualify 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: FRANCYNE M TONG PTSD 04/27/2007