## 2006 FOR PROFFT CORPORATION ANNUAL REPORT

## Mar 06, 2006 08:00 AM **DOCUMENT # P93000087068** Secretary of State 1. Entity Name MODERNAGE HOME BUILDERS, INC. Principal Place of Business Malling Address 3843 NW 65TH DRIVE 3843 NW 65TH DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 CR2E034 (11/05) 03022006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 65-0458178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE RUBENSTEIN, SYLVIA 3843 NW 65TH DRIVE BOCA RATON, FL 33496 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, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent agreeture required when revisitating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS DT TILE RUBENSTEIN, SYLVIA NAME STREET ADDRESS 3843 NW 65TH DRIVE CITY-ST-ZP BOCA RATON, FL 33498 UNUCUU459265 TTRE 1337 18705 - SDE23-1324 1581 (**10**11) NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTY-ST-ZP TITLE NAME STREET ADDRESS

12. I hereby certily that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, it 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 or an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06 JG/994/

FILED