


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000086511

1. Entity Name
MODULAIRE DESIGN GROUP, INC.



Principal Place of Business 2050 E OAKLAND BLVD SUITE 209 FORT LAUDERDALE, FL 33306	Mailing Address 2050 E OAKLAND BLVD SUITE 209 FORT LAUDERDALE, FL 33306
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DO NOT WRITE IN THIS SPACE

02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0786685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'DONNELL, MICHAEL
 2050 E OAKLAND PARK BLVD., #209
 FORT LAUDERDALE, FL 33306

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000343622
 04/29/05-80039-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, LUKE 2050 E OAKLAND BLVD, STE 209 FORT LAUDERDALE, FL 33306
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 on an attachment with an address, with all other title empowered

SIGNATURE: Luke Meyer Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #