

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90319 046 \*\*\*150.00


**60025329**



03062006 Chg-P CR2E034 (11/05)

**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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number  
 65-0786685

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

7. Name and Address of New Registered Agent  
 Name  
 O'DONNELL, MICHAEL A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 25 SARANAC RD  
 City  
 SEA RANCH LAKES FL Zip Code  
 33080

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 Michael A. O'Donnell (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, LUKE 2050 E OAKLAND BLVD, STE 209 FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/E/T/D O'DONNELL, MICHAEL A. P.O. Box 11856 FORT LAUDERDALE, FL 33339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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 like empowered.

SIGNATURE: Michael A. O'Donnell, Pres 4/4/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #