


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90123 032 \*\*\*150.00

<b>DOCUMENT # P97000100545</b>	
1. Entity Name <b>AMERICAN MODULAR, INCORPORATED</b>	

Principal Place of Business <b>15886 85TH RD N LOXAHATCHEE, FL 33470</b>	Mailing Address <b>15886 85TH RD N LOXAHATCHEE, FL 33470</b>
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40140111



2. Principal Place of Business - No P.O. Box # <b>15886 85th rd n</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06252007 Chg-P CR2E034 (12/06)

City & State <b>Loxahatchee Fl.</b>	City & State
Zip <b>33470</b>	Country <b>John Beach</b>

4. FEI Number <b>65-0818449</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MOUTON, ROY R 15886 85TH RD N. LOXAHATCHEE, FL 33470</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 *Roy L. Mouton* President  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MOUTON, ROY R 15886 85TH RD. NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOUTON, KAI E 9930 PINEAPPLE TREE DRIVE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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: *Roy L. Mouton* **5/30/07** **54-791-3753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40125119

#P97 000100545

**Kailan International Consultant's Inc.**

15886 85<sup>th</sup> Road North ~Loxahatchee, Florida 33470

Phone (561)792-7275 & (561) 791-3755 ~ Fax (561) 742-8765

E-Mail ~ AMESTEEL@AOL.COM

*President: Roy R. Mouton*

*Vice President: Kai E. Mouton*

**Division of Corporations:**

**American Modular Incorporated**

**FEI Number: 65- 0818449**

**I Roy R. Mouton, President of Kailan International Consultants Inc. did not receive the annual report notice. This is a true statement and request acceptance of the attachment.**

**Roy R. Mouton President**

