


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90021 018 ***150.00

DOCUMENT # P97000100545

1. Entity Name
AMERICAN MODULAR, INCORPORATED



Principal Place of Business
**15886 85TH RD N
 LOXAHATCHEE, FL 33470**

Mailing Address
**15886 85TH RD N
 LOXAHATCHEE, FL 33470**

40109283



2. Principal Place of Business - No P.O. Box #
15886 85th Road North

3. Mailing Address
15886 85th rd North

Suite, Apt. #, etc.

06022008 Chg-P CR2E034 (12/06)

City & State
Loxahatchee Florida

City & State
Loxahatchee Florida

Zip Country
33470 USA

Zip Country
33470 USA

4. FEI Number
65-0818449

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOUTON, ROY R
 15886 85TH RD N.
 LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent
 Name **ROY R. MOUTON**
 Street Address (P.O. Box Number is Not Acceptable)
15886 85th rd North.
 City **Loxahatchee** FL Zip Code **33470**

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 R. Mouton* DATE 6/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

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 PCEO	MOUTON, ROY R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUTON, ROY R	NAME	
STREET ADDRESS	15886 85TH RD. NORTH	STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE, FL 33470	CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUTON, KAI E	NAME	
STREET ADDRESS	9930 PINEAPPLE TREE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33436	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 R. Mouton* DATE 6/20/08 DAYTIME PHONE # 561-791-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR