2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P98000017809** 1. Entity Name JOHN MODROW, INC. Principal Place of Business Mailing Address 1208 OLD HOPEWELL RD 11115 DESOTO ROAD SUITE C7 RIVERVIEW, FL 33569 BRANDON, FL 33511 No Cha-P CR2E034 (11/05) 04162008 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3509745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERCE, M. WEBSTER DO NOT WRITE 203 SOUTH PARSONS AVENUE BRANDON, FL 33511 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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000928140 10. OFFICERS AND DIRECTORS POST TITLE NAME MODROW, JOHN C STREET ADDRESS 11115 DE SOTO ROAD CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME DO NOT WRITE STREET ADDRESS CJTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR