


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000093482</b> 1. Entity Name <b>MODULOR DEVELOPMENT CO., INC.</b>	
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Principal Place of Business <b>16835 KERCHEVAL GROSSE POINTE, MI 48230</b>	Mailing Address <b>16835 KERCHEVAL GROSSE POINTE, MI 48230</b>
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04212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0876270</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MENZIES, ROBERT G  
850 PARK SHORE DRIVE  
SUITE 300  
NAPLES, FL 34103**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**U00000136611  
04/28/04-80096-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD CRAFT, CARL 44 E LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD JAFKE, IRA 16835 KERCHEVAL GROSSE POINTE, MI 48230</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CRAWFORD, RICHARD 16835 KERCHEVAL GROSSE POINTE, MI 48230</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ERB, FRED 44 E LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 entries.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #