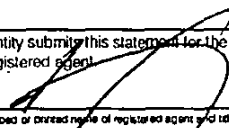
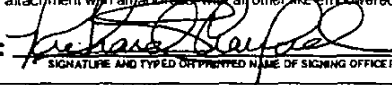


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-11-2005 90153 013 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000093482			
1. Entity Name MODULOR DEVELOPMENT CO., INC.			
Principal Place of Business 16835 KERCHEVAL GROSSE POINTE, MI 48230		Mailing Address 16835 KERCHEVAL GROSSE POINTE, MI 48230	
2. Principal Place of Business 3000 Immokalee Rd. Suite, Apt. #, etc. Ste 5 City & State Naples, FL Zip 34110		3. Mailing Address 3000 Immokalee Rd. Suite, Apt. #, etc. Ste 5 City & State Naples, FL Zip 34110	
Country USA		Country USA	
4. FEI Number 65-0876270		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENZIES, ROBERT G 850 PARK SHORE DRIVE SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL	
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  Robert G. Menzies 4/6/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	VSTD CRAFT, CARL 44 E LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD JAFTE, IRA 16835 KERCHEVAL GROSSE POINTE, MI 48230 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 Immokalee Rd., Ste 5 Naples, FL 34110 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, RICHARD 16835 KERCHEVAL GROSSE POINTE, MI 48230 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 Immokalee Rd., Ste 5 Naples, FL 34110 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERB, FRED 44 E LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/3/05 (239) 593-3777 Date Daytime Phone	

66014144



03312005 Chg-P CR2E034 (10/03)