2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P98000093482

Entity Name: MODULOR DEVELOPMENT CO., INC.

Current Principal Place of Business:

3000 IMMOKALA ROAD
SUITE 5
NAPLES, FL 34110

New Principal Place of Business:

3000 IMMOKALEE ROAD
SUITE 5
NAPLES, FL 34110

Current Mailing Address:

3000 IMMOKALA ROAD
SUITE 5
NAPLES, FL 34110

New Mailing Address:

3000 IMMOKALEE ROAD
SUITE 5
NAPLES, FL 34110

FEI Number: 65-0876270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CRAWFORD, RICHARD S
3000 IMMOKALEE RD
SUITE 5
NAPLES, FL 34110 US

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.

SIGNATURE: RICHARD S CRAWFORD 01/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete
Name: CRAFT, CARL
Address: 44 E LONG LAKE ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VASD ( ) Delete
Name: JAFFE, IRA
Address: 3000 IMMOKALEE ROAD, SUITE 5
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete
Name: CRAWFORD, RICHARD
Address: 3000 IMMOLELEE ROAD, SUITE 5
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: ERB, FRED
Address: 44 E LONG LAKE ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL CRAFT VSTD 01/05/2007
Electronic Signature of Signing Officer or Director Date