2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 03, 2006 08:00 AM Secretary of State **DOCUMENT # S91591** MODINLIGHT PRINTING, INC. Principal Place of Business Mailing Address 4119 NE 6 AVENUE 4119 NE 6 AVENUE OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 ปร 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0295268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEYDEL, DONALD G, DO NOT WRITE 5940 NE 6 TERR FT. LAUDERDALE, FL 33334 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: Repistered Agent signature required when reinstating) DATE *Ų*Q0QQ05<u>5</u>98**3**4 9. Election Campaign Financing **\$5.00** May Be 05/18/08-80015-018 150.00 FILE NOWIR FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SEYDEL, DONALD G NAME **5940 NE 6 TERR** STREET ADDRESS FT, LAUDERDALE, FL 33334 C)TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S7-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: _

NAME STREET ADDRESS CITY-ST-ZIP

Donaus G. Scydel P/V/T