


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90134 030 ***150.00

DOCUMENT # K90303					
1. Entity Name MEDICAL INSURANCE TRUST ACCOUNTING, INC.					
Principal Place of Business 1143 NE CR 425 BRANFORD, FL 32008			Mailing Address 1143 NE CR 425 BRANFORD, FL 32008		
2. Principal Place of Business		3. Mailing Address PO BOX 929			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BRANFORD, FL			
Zip	Country	Zip	Country	4. FEI Number 65-0119581	
32008				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERTOLOTTI, ANTHONY STD 1143 NE CR 425 BRANFORD, FL 32008			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
				DATE 3/15/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERTOLOTTI, JEFFERY		NAME		
STREET ADDRESS	1143 NE CR 425		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERTOLOTTI, ANTHONY		NAME		
STREET ADDRESS	1143 NE CR 425		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sgt. P. L. S.

3/15/06

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