



**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**



DOCUMENT # P00000040234						03-26-2007 90062 002 ***158.75		
1. Entity Name MCIS, INC.								
Principal Place of Business 6550 NEW TAMPA HIGHWAY SUITE B LAKELAND, FL 33815 US			Mailing Address 6550 NEW TAMPA HIGHWAY SUITE B LAKELAND, FL 33815 US					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03152007 Chg-P CR2E034 (12/06)		
City & State			City & State			4. FEI Number 59-3642262		Applied For Not Applicable
Zip	Country		Zip	Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
WOOD, PAUL W 6550 NEW TAMPA HWY. STE B LAKELAND, FL 33815					Name			
					Street Address (P.O. Box Number is Not Acceptable)			
					City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	CEO GATES, PAUL D 6550 NEW TAMPA HWY, STE B LAKELAND, FL 33815			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Seelig, Christopher 6550 New Tampa Hwy, Ste B Lakeland, FL 33815		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUSHEA, KENNETH R 6550 NEW TAMPA HWY, STE B LAKELAND, FL 33815			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO HESTAND, RUE S IV 6550 NEW TAMPA HWY, STE B LAKELAND, FL 33815			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WOOD, PAUL W 6550 NEW TAMPA HWY, STE B LAKELAND, FL 33815			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT TITTEL, HARRY J 6550 NEW TAMPA HWY, STE B LAKELAND, FL 33815			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ASHLINE, THOMAS E 6550 NEW TAMPA HWY, STE B LAKELAND, FL 33815			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Paul W. Wood</u>					3/20/07 863-327-1095			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #			