

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071916

FILED  
Feb 24, 2006  
Secretary of State

Entity Name: MITSC INC..

**Current Principal Place of Business:**

4936 DEWEY ROSE COURT  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4936 DEWEY ROSE COURT  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 58-2674505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILAS, FRANK E SR.  
4936 DEWEY ROSE COURT  
TAMPA, FL 33624      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: F/SE ( ) Delete  
Name: MCPHERSON, SAMUEL  
Address: 5005 MELROW COURT  
City-St-Zip: TAMPA, FL 33624 US

Title: R/SE ( ) Delete  
Name: SILAS, BARBARA A  
Address: 4936 DEWEY ROSE COURT  
City-St-Zip: TAMPA, FL 33624 US

Title: CFO ( ) Delete  
Name: INGHRAM, CLINTON SR  
Address: 7232 HAMMET ROAD  
City-St-Zip: TAMPA, FL 33647 US

Title: PRES ( ) Delete  
Name: SILAS, FRANK E SR  
Address: 4936 DEWEY ROSE COURT  
City-St-Zip: TAMPA, FL 33624 US

Title: VP ( ) Delete  
Name: CHESTER, FRANK  
Address: 9723 BELVEDERE DRIVE  
City-St-Zip: TAMPA, FL 33584 US

Title: E/DE ( ) Delete  
Name: TAYLOR, CALVIN  
Address: 3298 CANDACE DRIVE  
City-St-Zip: ATLANTA, GA 39316 US

**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:

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: FRANK E. SILAS

PRES

02/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date