


**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -8 PM 4:36

DOCUMENT # P04000032706  
1. Entity Name  
MCSI CONSULTING, INC



Principal Place of Business  
1912 DISCOVERY CIRCLE EAST  
DEERFIELD BEACH, FL 33442

Mailing Address  
1912 DISCOVERY CIRCLE EAST  
DEERFIELD BEACH, FL 33442

2. Principal Place of Business  
6535 Nova Dr  
Suite, Apt. #, etc.  
Suite 100  
City & State  
Davie, FL

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
SAME

4. FEI Number  
20-0745402

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MALLET, SCOTT D  
1912 DISCOVERY CIRCLE EAST  
DEERFIELD BEACH, FL 33442

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$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	P MALLET, SCOTT D 1912 DISCOVERY CIRCLE EAST DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O.O. Al A. Herrera 6535 NOVA DRIVE Suite 100 Davie, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900062013899 12/08/05--01034--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Scott D. Mallet Scott D. Mallet 11/30/05 954675-0113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/20