2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100170

Entity Name: MITRE PROFESSIONAL SERVICES INC.

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1050 US HWY, 27 SOUTH, STE, 21 1050 US HWY. 27 SOUTH CELRMONT, FL 34714

SUITE 21

CLERMONT, FL 34714

Current Mailing Address: New Mailing Address:

1050 US HWY, 27 SOUTH, STE, 21 1050 US HWY. 27 SOUTH CELRMONT, FL 34714 SUITE 21

CLERMONT, FL 34714 US

FEI Number: 20-3160998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SCOTT, AUNDRE W. D SCOTT, AUNDRE W. D. 1050 UŚ HWY. 27 SOUTH 1050 UŚ HWY. 27 SOUTH, STE. 21 CELRMONT, FL 34714 SUITE 21 CELRMONT, FL 34714 US

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: AUNDRE W. D. SCOTT 03/08/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCOTT, AUNDRE SCOTT, AUNDRE W. D Name: Name: 7447 VISCAYA CIRCLE 5029 CAPE HATTERAS DRIVE Address: Address: City-St-Zip: MARGATE, FL 33063 US City-St-Zip: CLERMONT, FL 34714 US

() Delete Title: VSTD Title: VSTD (X) Change () Addition SCOTT, CAROL Name:

Name: SCOTT, CAROL A 7447 VISCAYA CIRCLE Address: 5029 CAPE HATTERAS DRIVE Address: CLERMONT, FL 34714 US MARGATE, FL 33063 US City-St-Zip: 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: AUNDRE W. D. SCOTT PD 03/08/2006