


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P97000016478 1. Entity Name MEDICAL INSURANCE SERVICE, INC. |  |
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| Principal Place of Business 1391 S OCEAN BLVD #306 POMPAÑO BEACH, FL 33062 | Mailing Address P.O. BOX 10656 POMPAÑO BEACH, FL 33061 |
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01112006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0729881 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOHN, CLARICE 1391 S. OCEAN BLVD., #306 POMPAÑO BEACH, FL 33062 |
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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 CLARICE MOHN PRESIDENT 2-13-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHN, CLARICE 1391 S. OCEAN BLVD., #306 POMPAÑO BEACH, FL 33062 |
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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: Clarice Mohn CLARICE MOHN 2-13-06 954-946-2961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #