

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27352

FILED  
May 12, 2006  
Secretary of State

Entity Name: MICRO ENGINEERING, INC.

**Current Principal Place of Business:**

1428 SEMORAN BLVD.  
STE. 120  
APOPKA, FL 23703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1428 SEMORAN BLVD.  
STE. 120  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-2119376      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAFORREST, LARRY  
3516 PAULETTE ST.  
APOPKA, FL 32712 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: DP ( ) Delete  
Name: LAFORREST, LARRY,  
Address: 3516 PAULETTE ST  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: BROWN, JUDITH  
Address: 722 OAK LEAF COURT  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: LAFORREST, VICKI,  
Address: 3516 PAULETTE ST  
City-St-Zip: APOPKA, FL 32712

Title: DVT ( ) Delete  
Name: NGUYEN, JOSEPH,  
Address: 3434 PAISLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: V ( ) Delete  
Name: NOBLE, WILLIAM  
Address: 4450 MEADOWLAND DR  
City-St-Zip: MT DORA, FL 32757

Title: VS ( ) Delete  
Name: LOVINGS, CARMEN  
Address: 2617 BRECCA COURT  
City-St-Zip: APOPKA, FL 32712

**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: CARMEN LOVINGS

VS

05/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date