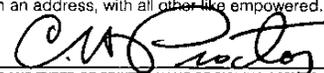


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90332 038 \*\*\*150.00

<b>DOCUMENT # 496902</b>			
1. Entity Name MICRO SYSTEMS, INC.			
Principal Place of Business 35 HILL AVE FORT WALTON BEACH, FL 32548 US		Mailing Address 35 HILL AVE FORT WALTON BEACH, FL 32548 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, LARRY W 35 HILL AVE FORT WALTON BEACH, FL 32548		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C COOPER, LARRY W. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, LARRY W.	NAME	
STREET ADDRESS	320 E HWY 98 #1201	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL	CITY-ST-ZIP	
TITLE	D FERGUSON, THOMAS, JR. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, THOMAS, JR.	NAME	
STREET ADDRESS	27 BAY DR., SE	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	PD PROCTOR, CORTEZ A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, CORTEZ A.	NAME	
STREET ADDRESS	1542 GLENLAKE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4/14/05 Daytime Phone #: 850-244-2332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50038013



03312005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1654615 Applied For Not Applicable

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