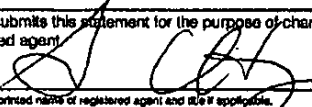
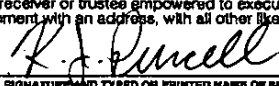


FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 041 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 496902			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1654615		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTEZ, BROCTOR A 35 HILL AVE FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name C.T. CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH AINE ISLAND ROAD City PLANTATION FL Zip Code 33324	
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  Sandra Ortega Assistant Secretary DATE 1/30/07 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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	VPD KELLEY, JOHN M ☐ Delete 3081 INDUSTRY DR LANCASTER, PA 17603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WAYNE ARMSTRONG ☐ Change ☒ Addition 35 HILL AVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAREFINO, ANNELLO C ☒ Delete 3081 INDUSTRY DR LANCASTER, PA 17603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KEVIN PURCELL ☐ Change ☒ Addition 101 N. POINTE BLVD LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, MYRON ☐ Delete 3081 INDUSTRY DR LANCASTER, PA 17603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 2/2/07 717-735-8117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	