2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# 625238

Entity Name: MICRO BIOMETRIC, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1909227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELVYN, PACHECO M
4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MELVYN PACHECO- MARCUCCI
4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146 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: MELVYN PACHECO MARCUCCI 01/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LASSALE, ARMANDO M
Address: 4000 PONCE DE LEON BLVD., STE. 470
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete
Name: MELVYN, PACHECO
Address: 4000 PONCE DE LEON BLVD., STE. 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: NIVIA GARCIA- HERNAN, DEZ
Address: 4000 PONCE DE LEON BLVD., STE. 470
City-St-Zip: CORAL GABLES, FL 33146

Title: P (X) Change ( ) Addition
Name: MELVYN PACHECO MARCU, CCI
Address: 4000 PONCE DE LEON BLVD., STE. 470
City-St-Zip: CORAL GABLES, FL 33146

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: MELVYN PACHECO MARCUCCI VP 01/23/2007
Electronic Signature of Signing Officer or Director Date