
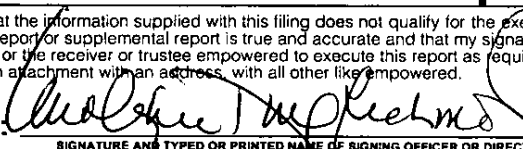


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90042 008 \*\*\*\*61.25

<b>DOCUMENT # F02000001823</b> 1. Entity Name <b>MICRO-SOCIETY, INC.</b>					
Principal Place of Business <b>13 S. 3RD STREET SUITE 500 PHILADELPHIA, PA 19312</b>			Mailing Address <b>13 S. 3RD STREET SUITE 500 PHILADELPHIA, PA 19312</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-2637830</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GRANTSMANSHIP, INC. 151 CRANDON BLVD., #305 KEY BISCAIYNE, FL 33149</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCARTHY, DAVID</b>		NAME		
STREET ADDRESS	<b>2643 SAN ANDRES WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLAREMONT, CA 91711</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FELDMAN, KIRSTEN</b>		NAME		
STREET ADDRESS	<b>876 PARK AVE., APT. 9S</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK, NY 10021</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CEO</b>		NAME		
STREET ADDRESS	<b>RICHMOND, CAROLYNN K</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>13 S. 3RD STREET #500 PHILADELPHIA, PA 19312</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<b>Chairman, Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>C</b>		NAME		
STREET ADDRESS	<b>WICKERSHAM, RICHARD B JR, ESQ</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>1600 JOHN F. KENNEDY BLVD PHILADELPHIA, PA 19103</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Secretary</b>	
STREET ADDRESS			STREET ADDRESS	<b>Stephen Mack</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Gnomist 11 W. 20th Street, 9th Floor New York, NY 10011</b>	
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 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 617, 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.					
<b>SIGNATURE:</b> 			7/17/07 215 922 4006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		