


**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # F05000007517 1. Entity Name VIRGIN ISLANDS MICROSYSTEMS, INC.	
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Principal Place of Business 17 ESTATE FRYDENDAHL ST. THOMAS, VI 00802 VI	Mailing Address P.O. BOX 503298 ST. THOMAS, VI 00805-3298 VI
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 66-0598581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GORRELL, JONATHAN 3239 SW 47TH AVE., STE. 200 GAINESVILLE, FL 32608
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**DO NOT WRITE
IN THIS SPACE**

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 _____

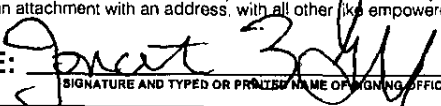
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENTO, RICHARD 17 ESTATE FRYDENDAHL ST. THOMAS, VI 00802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GORRELL, JONATHAN 1901 SW 6TH TERRACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENTO, LANA 17 ESTATE FRYDENDAHL ST. THOMAS, VI 00802
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05/01/07-80108-014 158.75

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IN THIS SPACE**

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:  **4-18-07** **352-372-0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #