2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F27352

Entity Name: MICRO ENGINEERING, INC.

Current Principal Place of Business:

1428 SEMORAN BLVD.
STE. 120
APOPKA, FL 23703 US

New Principal Place of Business:

Current Mailing Address:

1428 SEMORAN BLVD.
STE. 120
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2119376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFOREST, LARRY
3516 PAULETTE ST.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LAFOREST, LARRY
Address: 3516 PAULETTE ST
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: BROWN, JUDITH
Address: 722 OAK LEAF COURT
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: LAFOREST, VICKI
Address: 3516 PAULETTE ST
City-St-Zip: APOPKA, FL 32712

Title: DVT ( ) Delete
Name: NGUYEN, JOSEPH
Address: 3434 PAISLEY CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: V ( ) Delete
Name: NOBLE, WILLIAM
Address: 4450 MEADOWLAND DR
City-St-Zip: MT DORA, FL 32757

Title: VS ( ) Delete
Name: LOVINGS, CARMEN
Address: 2617 BRECCA COURT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LAFOREST, LARRY
Address: 3516 PAULETTE ST
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LAFOREST, VICKI
Address: 3516 PAULETTE ST
City-St-Zip: APOPKA, FL 32712

Title: DVT (X) Change ( ) Addition
Name: NGUYEN, JOSEPH
Address: 3434 PAISLEY CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN LOVINGS VS 04/15/2009

Electronic Signature of Signing Officer or Director Date