

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003748

Entity Name: MICROLIFE USA, INC.

FILED  
Mar 28, 2008  
Secretary of State

**Current Principal Place of Business:**

424 SKINNER BLVD  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

424 SKINNER BLVD  
DUNEDIN, FL 34698 US

**New Mailing Address:**

FEI Number: 59-3462116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORAN, KEVIN N CPA  
424 SKINNER BLVD  
DUNEDIN, FL 34698 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: CEO ( ) Delete  
Name: LIN, K Y  
Address: 424 SKINNER BLVD  
City-St-Zip: DUNEDIN, FL 34698 US

Title: CFO ( ) Delete  
Name: CHU, TRICIA  
Address: 424 SKINNER BLVD  
City-St-Zip: DUNEDIN, FL 34698 US

Title: PRES (X) Delete  
Name: DUBE, SCOT J  
Address: 424 SKINNER BLVD  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PRES (X) Change ( ) Addition  
Name: PORTER, MARK  
Address: 424 SKINNER BLVD SUITE C  
City-St-Zip: DUNEDIN, FL 34698 US

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: KEVIN N. HORAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CONT

03/28/2008

\_\_\_\_\_  
Date