2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021295

Entity Name: MICROTURE TECHNOLOGIES INC

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
6084 BENT PINE DRIVE 4317 ORLANDO, FL 32822	6084 BENT PINE DRIVE APT 4317 ORLANDO, FL 32822
Current Mailing Address:	New Mailing Address:
POST OFFICE BOX 570936 ORLANDO, FL 32857	PO BOX 570936 ORLANDO, FL 32857
FEI Number: 65-1174441 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US	
The above named entity submits this statement for th n the State of Florida.	e purpose of changing its registered office or registered agent, or both
SIGNATURE:	
Electronic Signature of Registered A	gent Date
Election Campaign Financing Trust Fund Contribution ().	

Title: () Delete COUTURE, CHRISTOPHER P Name: 6084 BENT PINE DR, 4317 Address: City-St-Zip: ORLANDO, FL 32822

Title: () Delete COUTURE, SUSANNA M Name: Address: 110 SOUTH MAIN STREET WINTER GARDEN, FL 34787 City-St-Zip:

Title: () Delete COUTURE, PATRICK R Name: Address: 110 SOUTH MAIN STREET City-St-Zip: WINTER GARDEN, FL 34787

(X) Change () Addition Title: COUTURE, CHRISTOPHER P Name: Address: 6084 BENT PINE DR - APT 4317 City-St-Zip: ORLANDO, FL 32822

Title: (X) Change () Addition COUTURE, SUSANNA M Name: Address: 110 S MAIN STREET WINTER GARDEN, FL 34787 City-St-Zip:

Title: (X) Change () Addition

Name: COUTURE, PATRICK R Address: 110 S MAIN STREET City-St-Zip: WINTER GARDEN, FL 34787

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: CHRISTOPHER P. COUTURE PD 04/14/2008