

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042803

Entity Name: MICROTEK SYSTEMS, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

1776 S TAMIAMI TRL.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1605 MAIN STREET
SUITE 1001
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 90-0068786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET
SUITE 1001
SARASOTA, FL 34236 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: DPAS () Delete
Name: SHLESINGER, EDWARD
Address: 5065 CAMUS STREET
City-St-Zip: SARASOTA, F; 34232

Title: DVPS () Delete
Name: SHLESINGER, PAMELA E
Address: 5065 CAMUS STREET
City-St-Zip: SARASOTA, F; 34232

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T () Change (X) Addition
Name: SHLESINGER, EDWARD
Address: 5065 CAMUS STREET
City-St-Zip: SARASOTA, FL 34232

Title: AT () Change (X) Addition
Name: SHLESINGER, PAMELA E
Address: 5065 CAMUS STREET
City-St-Zip: SARASOTA, FL 34232

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: EDWARD SHLESINGER (SAG)

P

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date