

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124667

Entity Name: MICROM INTL CORP.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

5338 EASTPOINTE LN.
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5338 EASTPOINTE LN.
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, JIM B
5338 EASTPONTE LN.
SARASOTA, FL 34232 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: P () Delete
Name: BANKS, ANDREW L
Address: 5342 CLARK ROAD #135
City-St-Zip: SARASOTA, FL 34232 US

Title: VP () Delete
Name: DELISLE, MARC
Address: 1941 MID OCEAN CIRCLE
City-St-Zip: SARASOTA, FL 34231 US

Title: D () Delete
Name: KAMAKOTI, MAHESH R
Address: 472/8 ROSHANBAGH ROAD
City-St-Zip: WPUAM BANGALORE, BL 560004 IN

Title: D () Delete
Name: DATT, ABHISHEK
Address: 761 ROAD 39 JUBILEE HILLS
City-St-Zip: HYDERABAD, AP 500033 IN

Title: D () Delete
Name: HILL, JIM B
Address: 5338 EASTPOINTE LN.
City-St-Zip: SARASOTA, FL 34232 US

Title: D () Delete
Name: WARD, JAMES J
Address: 949 PONDER AVE
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DON, MAIELLO
Address: 5503 RIVER BAY DR.
City-St-Zip: PUNTA GORDA, FL 33950 US

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

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

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 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: ANDREW BANKS

PRES

02/07/2007

Electronic Signature of Signing Officer or Director

Date