2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000004499

1. Entity Name

MICROVISION TECHNOLOGY CORPORATION



FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business 43 SKYLINE DRIVE **SUITE 3051**

LAKE MARY, FL 32746 US

Mailing Address

43 SKYLINE DRIVE **SUITE 3051**

LAKE MARY, FL 32746



02222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3162919 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

YERO, EFREN 43 SKYLINE DRIVE

DO NOT WRITE

SUITE 3051 LAKE MARY, FL 32746			IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
Signature, typed or printed name of registared agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NUTUL FEE 18 \$ 150.00		Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS]	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS YERO, EFREN 43 SKYLINE DRIVE, SUITE 3051 LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000837254 03/04/08-80049-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					2. Florida Statulas I further certify that the information

indicated on this report or supplied with this filling does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under orath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.