2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P94000024186

Entity Name: MICRO CONTROL SYSTEMS, INC.

Current Principal Place of Business:

5877 ENTERPRISE PARKWAY
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

5877 ENTERPRISE PARKWAY
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: 65-0478726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERICK, JOHN
6618 JOANNA CIRCLE
FORT MYERS, FL 33919 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: VPD ( ) Delete
Name: WALTERICK, JOHN
Address: 6618 JOANNA CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: DP ( ) Delete
Name: WALTERICK, BRIAN
Address: 18600 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 33920

Title: SD ( ) Delete
Name: TONEY, ROBERT
Address: 14840 LAKE OLIVE DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: VPM ( ) Delete
Name: ANDERSEN, RON
Address: 17441 STEPPING STONE ROAD
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN WALTERICK VPD 04/16/2009

Electronic Signature of Signing Officer or Director Date