


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 585111 1. Entity Name COMPUTERIZED RADIATION SCANNERS, INC.	
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Principal Place of Business 140 SOPWITH DR VERO BEACH, FL 32968 US	Mailing Address P O BOX 650887 VERO BEACH, FL 32965
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1965232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAJOIE, ROGER W. 660 BEACHLAND BLVD. #201 VERO BEACH, FL 32963

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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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSSON, NILS BO 140 SOPWITH DR VERO BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSSON, ULLA BIRGITTA 140 SOPWITH DR VERO BCH, FL
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04/28/04-80033-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ulla Andersson Ulla Andersson 4/26-04 772-562-0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #