



2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 15, 2006 8:00 am**  
**Secretary of State**

09-15-2006 90001 011 \*\*\*150.00

<b>DOCUMENT # F98000000214</b> 1. Entity Name <b>MICRO THERAPEUTICS, INC.</b>					
Principal Place of Business <b>2 GOODYEAR</b> <b>IRVINE, CA 92618 US</b>				Mailing Address <b>2 GOODYEAR</b> <b>IRVINE, CA 92618 US</b>	
2. Principal Place of Business <b>9775 Toledo Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>9600 54th Avenue North</b> Suite, Apt. #, etc. <b>Suite 100</b>			
City & State <b>Irvine, CA</b>		City & State <b>Plymouth, MN</b>		4. FEI Number <b>33-0569235</b>	
Zip <b>92618</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLACE, GEORGE</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Matthew Jenuaitis</b> <b>9775 Toledo Way</b> <b>Irvine, CA 92618</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP</b> <b>WILDER, THOMAS</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>Patrick D. Spangler</b> <b>9600 54th Avenue North</b> <b>Plymouth, MN 55442</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FEUCHTER, BRUCE</b> <b>660 NEWPORT CENTER DRIVE, SUITE 1600</b> <b>NEWPORT BEACH, CA 92660</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>FEUCHTER, BRUCE</b> <b>660 NEWPORT CENTER DRIVE, SUITE 1600</b> <b>NEWPORT BEACH, CA 92660</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CORBETT, JAMES</b> <b>2 GOODYEAR</b> <b>IRVINE, CA 92618</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>James Corbett</b> <b>9775 Toledo Way</b> <b>Irvine, CA 92618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>L. Cecily Hines</b> <b>9600 54th Avenue North</b> <b>Plymouth, MN 55442</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Cecily Hines</i>		<b>L. Cecily Hines</b>		<b>9/5/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>763-398-7000</b>	