


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L41037
1. Entity Name
CIRCUIT SCAN, INC.



Principal Place of Business Mailing Address
5048 E STEVENSON CT 5048 E STEVENSON CT
INVERNESS, FL 34452 US INVERNESS, FL 34452 US

DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2987031 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MYERS, PATRICIA M.
7655 W. GULF TO LAKE HWY., SUITE #12
CRYSTAL RIVER, FL 32629

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, MICHAEL R.
STREET ADDRESS	5048 E STEVESON CT
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	THOMPSON, JUNE
STREET ADDRESS	5048 E STEVENSON CT
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/06-80015-009 150.00

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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.

SIGNATURE: June M. Thompson Date: 3-31-06 Daytime Phone #: 352-637-9697

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