2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P05000145507

Entity Name: C N SCREENING INC.

Current Principal Place of Business:

1995 A EDISON DR
DELAND, FL 32720

New Principal Place of Business:

1995-A EIDSON DR
DELAND, FL 32724

Current Mailing Address:

225 BLUE CRYSTAL DRIVE
DELAND, FL 32720

New Mailing Address:

1995-A EIDSON DRIVE
DELAND, FL 32724

FEI Number: 20-3715304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABARRE, THOMAS E
225 BLUE CRYSTAL DRIVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

LABARRE, WAYNE R
1995-A EIDSON DRIVE
DELAND, FL 32724 US

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: WAYNE LABARRE 01/18/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LABARRE, THOMAS E
Address: 225 BLUE CRYSTAL DRIVE
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LABARRE, WAYNE R
Address: 1995-A EIDSON DRIVE
City-St-Zip: DELAND, FL 32724

Title: VPD ( ) Change (X) Addition
Name: LABARRE, THOMAS E
Address: 1995-A EIDSON DRIVE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE LABARRE PD 01/18/2007
Electronic Signature of Signing Officer or Director Date