2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # P96000044832 1. Entity Name CIRCUIT RESOURCES, INC. Principal Place of Business Mailing Address 5407 12TH AVE DR W 5407 12TH AVE DR W BRADENTON, FL 34209 BRADENTON, FL 34209 CR2E034 (11/05) 02202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0684419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROOKS, RONALD DO NOT WRITE 5407 12TH AVE DR W IN THIS SPACE BRADENTON, FL 34209 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BROOKS, RONALD STREET ADDRESS 5407 12 AVE DRIVE WEST CITY-ST-ZIP BRADENTON, FL 34209 TITLE U00000691185 04/12/07-80020-020 150.00 NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 tree 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 attaching at with an address, with all other like empowered.

SIGNATURE:(____

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

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Daytime Phone #