2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 09, 2005 8:00 am Secretary of State DOCUMENT # P99000072374 1. Entity Name 02-09-2005 90052 015 ***150.00 CIRCUIT SEARCH, INC. Principal Place of Business Mailing Address 4207 20TH STREET 4207 20TH STREET VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0941069 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, VASANT P Street Address (P.O. Box Number is Not Acceptable) 1580 39TH AVE. VERO BEACH FL 32960 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete THILE PATEL, VASANT P 5935, CARRIAGE LAKE COURT 1580 39TH AVE. STREET ADDRESS STREET ADDRESS VERO BEACH , F-L CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME PATEL, NITIN P NAME STREET ADDRESS 2182 ROLLAND DR. STREET ADDRESS GLENDALE HTS, IL 60139 CITY-ST-ZIP TITLE SD ☐ Delete TITLE NAME PATEL, GARGEE V NAME 5935, CARRIAGE LAKE COURT STREET ADDRESS 1580 39TH AVE. STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(VASANT PATEL)

FILED

772-567-0156