2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # P99000072374 CIRCUIT SEARCH, INC. Principal Place of Business Mailing Address **4207 20TH STREET 4207 20TH STREET** VERO BEACH, FL 32960 VERO BEACH, FL 32960 04222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0941069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, VASANT P 4207 20TH ST VERO BEACH, FL 32960 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000942869 10. OFFICERS AND DIRECTORS TITLE NAME PATEL, VASANT P 5935 CARRIAGE LAKE COURT STREET ADDRESS CITY-ST-7/P VERO BEACH, FL 32968 TITLE NAME PATEL, GARGEE V STREET ADDRESS 5935 CARRIAGE LAKE COURT CITY-ST-ZIP VERO BEACH, FL 32968 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

4-28-08

772-567-0156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # ____