2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F60178

Apr 14, 2004 Secretary of State

Entity Name: PRECISION ENTERPRISES TAMPA, INC.

Current Principal Place of Business: New Principal Place of Business: 4636 NORTH DALE MABRY HIGHWAY TAMPA, FL 33614 LIS **Current Mailing Address: New Mailing Address:** 4636 NORTH DALE MABRY HIGHWAY TAMPA, FL 33614 US FEI Number: 59-2148481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 526 E. PARK AVENUE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WOOLEY, JEFFREY I Name: Name: 4636 N DALE MABRY HWY Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: Title: () Delete (X) Change () Addition BURGESS, LYNNE A BURGESS, LYNNE A Name: Name: 3 LANDMARK SQUARE, SUITE 500 622 THIRD AVENUE, 36TH FLOOR Address: Address: STAMFORD, CT 06901 NEW YORK, NY 10017 City-St-Zip: City-St-Zip: Title: **CFOS** () Delete Title: () Change () Addition TEW, DOUGLAS M Name: Name: 4636 N DALE MABRY HIGHWAY Address: Address: TAMPA, FL 33614 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition GILMAN, THOMAS F GILMAN, THOMAS F Name: Name: Address: 3 LANDMARK SQUARE, SUITE 500 Address: 622 THIRD AVENUE, 37TH FLOOR City-St-Zip: STAMFORD, CT 06901 City-St-Zip: NEW YORK, NY 10017 Title: VPD Title: (X) Change () Addition () Delete FRANK, ROBERT D Name: FRANK, ROBERT D Name: 3 LANDMARK SQUARE, SUITE 500 Address: 622 THIRD AVENUE, 37TH FLOOR Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: NEW YORK, NY 10017 Title: () Delete Title: (X) Change () Addition KESSLER, JOHN L Name: Name: KESSLER, JOHN L 3 LANDMARK SQUARE, SUITE 500 622 THIRD AVENUE, 37TH FLOOR Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY I. WOOLEY Ρ 04/14/2004