## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K38869

City-St-Zip:

STAMFORD, CT 06901

FILED Apr 14, 2004 Secretary of State

Entity Name: PRECISION INFINITI, INC. **Current Principal Place of Business: New Principal Place of Business:** 4612 N DALE MABRY TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** J.I. WOOLEY 4636 N DALE MABRY HWY TAMPA, FL 33614 FEI Number: 59-2958651 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 Title: () 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 Name: GILMAN, KENNETH B Name: GILMAN, KENNETH B. 3 LANDMARK SQ., STE 500 622 THIRD AVENUE, 37TH FLOOR Address: Address: STAMFORD, CT 06901 NEW YORK, NY 10017 City-St-Zip: City-St-Zip: ( ) Delete Title: STD Title: () Change () Addition TEW, DOUGLAS M Name: Name: 4636 N DALE MABRY HWY Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition GILMAN, THOMAS F SMITH, J. GORDON Name: Name: Address: 3 LANDMARK SQ., STE 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 SQ., STE 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 SQ., STE 500 622 THIRD AVENUE, 37TH FLOOR Address: Address:

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.

City-St-Zip:

NEW YORK, NY 10017

SIGNATURE: JEFFREY I. WOOLEY P 04/14/2004