2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2007 08:00 AM Secretary of State DOCUMENT # P01000122025 PRECISION MAPPING & RESEARCH, INC. Principal Place of Business Mailing Address PO BOX 541123 PO BOX 541123 LAKE WORTH, FL 33454-1123 LAKE WORTH, FL 33454 No Chg-P 03072007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0000917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RANDER, DAVID G DO NOT WRITE **87 AKRON ROAD** LAKE WORTH, FL 33467 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 title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RANDER, DAVID G STREET ADDRESS PO BOX 541123 CITY-ST-ZIP LAKE WORTH, FL 334541123 U00000728949 05/08/07-80020-012 150.00 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP