
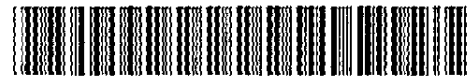


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000004605 <small>1. Entity Name</small> SIRTECH PRECISION, INC.		
<small>Principal Place of Business</small> 1037 S.E. HOLBROOK CT BUILDING C, UNIT 6 PORT ST. LUCIE FL 34952-3431		<small>Mailing Address</small> 1037 S.E. HOLBROOK CT BUILDING C, UNIT 6 PORT ST. LUCIE FL 34952-3431
<small>2. Principal Place of Business</small> Suite, Apt. #, etc. City & State Zip	<small>3. Mailing Address</small> Suite, Apt. #, etc. City & State Zip	<small>Country</small>
<small>6. Name and Address of Current Registered Agent</small> WELCH, WALLACE 4900 N.W. IRRINGTON TERRACE PORT ST. LUCIE FL 34983		<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City



1st MOORE - CR2E034 (10/05)

4. FEI Number **65-0369837** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 2
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete WELCH, WALLACE 4900 N.W. IRRINGTON TERRACE PORT ST. LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: center; font-size: small;"> 1100000440384 03/02/06 80038-025 158.75 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete WELCH, LINDA 4900 N.W. IRRINGTON TERRACE PORT ST. LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete WELCH, WALLACE 4900 N.W. IRRINGTON TERRACE PORT ST. LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wallace Welch Wallace Welch 1/30/06 772-337-114