2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 08:00 AM Secretary of State **DOCUMENT # P94000026140** 1. Entity Name PRECISION AIR SYSTEMS, INC. Principal Place of Business_ Mailing Address 11101 S CROWN WAY 11101 S CROWN WAY SUITE 5 SUITE 5 WELLINGTON, FL 33414 WELLINGTON, FL 33414 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0480483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KOTALIK, TERRY 13138 DOUBLETREE CIRCLE WELLINGTON, FL 33414 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 INOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE KOTALIK, TERRY NAME UUUQQQQ176966 STREET ADDRESS 13138 DOUBLETREE CIRCLE WELLINGTON, FL 33414 CITY-ST-ZIP TITI F KOTALIK, SY NAME STREET ADORESS 13138 DOUBLETREE CIRCLE WELLINGTON, FL 33414 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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 wher like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02

521 791-3980

FILED

Daytimo Phone #