# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2006 8:00 am**
**Secretary of State**
04-03-2006 90377 049 ***158.75

DOCUMENT # P96000049822

1. Entity Name
PRECISION U.S.A., INC.

60024376

| Principal Place of Business | Mailing Address |
|---|---|
| 1070 DELRAY LAKES DR.<br>DELRAY BEACH, FL 33444 US | 1070 DELRAY LAKES DR.<br>DELRAY BEACH, FL 33444 US |

03222006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
65-0672155
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LARRY J. BEHAR, P.A.
888 S.E. THIRD AVENUE
SUITE 400
FORT LAUDERDALE, FL 33316

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROUSSEAU, JACQUES<br>1070 DELRAY LAKES BLVD<br>DELRAY BEACH, FL 33444 | ☐ Delete | P<br>ROUSSEAU, JACQUES<br>1070 DELRAY LAKES DR.<br>DELRAY BEACH FL 33444 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | V S T<br>GUILBEAULT, CHRISTIANE<br>1070 DELRAY LAKES DR.<br>DELRAY BEACH FL 33444 | ☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** JACQUES ROUSSEAU 03.27.06 561-243-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #