


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90081 048 ***150.00

DOCUMENT # P96000074502

1. Entity Name
PRECISION REAL PROPERTY, INC.



Principal Place of Business Mailing Address

5260 EAGLE TRAIL DRIVE **5260 EAGLE TRAIL DRIVE**
SUITE 200 **SUITE 200**
TAMPA, FL 33634 **TAMPA, FL 33634**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

ENTERED JAN 12 2006



01112006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3402825 Not Applicable

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

6. Name and Address of Current Registered Agent

LETANG, DARREN A
5260 EAGLE TRAIL DR
200
TAMPA, FL 33634

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 _____ (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

TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT R
STREET ADDRESS	1201 TROWBRIDGE
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, CHRISTINE M
STREET ADDRESS	1201 TROWBRIDGE
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	D <input type="checkbox"/> Delete
NAME	LETANG, DARREN
STREET ADDRESS	5260 EAGLE TRAIL DR # 200
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1148 Rochester Rd.
CITY-ST-ZIP	Troy, MI 48083
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1148 Rochester Rd.
CITY-ST-ZIP	Troy MI 48083
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ **1/15/06** **813-286-4767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #