


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90172 032 \*\*\*150.00

<b>DOCUMENT # 265160</b> 1. Entity Name <b>PRECISION CASTINGS, INC.</b>					
Principal Place of Business <b>3800 N.W. 2ND AVE. BOCA RATON, FL 33431</b>			Mailing Address <b>712 S OREGON AVE SUITE 200 TAMPA, FL 33606</b>		
2. Principal Place of Business <b>1414 W. SWANN AVE</b> Suite, Apt. #, etc. <b>SUITE 100</b>		3. Mailing Address <b>1414 W. SWANN AVE</b> Suite, Apt. #, etc. <b>SUITE 100</b>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>59-0994719</b>	
Zip <b>33606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRUSEN, W. ANDREW, JR. 712 S OREGON AVE SUITE 200 TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>KRUSEN, W. ANDREW, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1414 W. SWANN AVE</b> <b>SUITE 100</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33606</b>	
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: <u><i>W. Andrew Krusen, Jr.</i></u> <b>W. ANDREW KRUSEN, JR.</b> <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, W. A. 712 S OREGON AVE SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, W. A. 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSEN, W. A. JR. 712 S OREGON AVE SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSEN, W. A., JR. 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, CHARLES B. 465 PARK AVE APT 13A NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, CHARLES B 781 5TH AVE, APT 614 NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 712 S OREGON AVE SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, DAVID J 350 E 57TH ST APT 15B NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, W. A. III 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, W. A. III 712 S OREGON AVE SUITE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, W. A. III 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>W. Andrew Krusen, Jr.</i></u> <b>W. A. KRUSEN, JR.</b> <u>4/23/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT <u>813-837-3009</u> <small>Date Daytime Phone #</small>		