FILED Jan 29, 2007 8:00 am

•	2007 1	ANNUAL REPORT	,,,
			$\neg \Box$

DOCUMENT # 285334 1. Entity Name PRECISION FABRICATING & CLEANING COMPANY, INC. Principal Place of Business 505 CANAVERAL GROVES BLVD. COCOA, FL 32926 Mailing Address 505 CANAVERAL GROVES BLVD. COCOA, FL 32926							3.*	01-29-2007 - 	1ry of Sta 90064 047 ***158	.75	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3975 E RAILross AVE							-				
Suite, Apt.		THICI DWO N		Suite, Apt. #, etc.	PFI CF 08	71.4	01232007	Chg-P	CR2E034 (12/06)		
City & Stat	City & State		(City & State CoCon-		FL	4. FEI Numb			oplied For of Applicable	
3292		Brevard		32926	B M	EVARD		of Status Desired	\$8.75 Add Fee Require		
	-	e and Address of Curren	t Regis	tered Agent		Name	7. Name and	d Address of New	Registered Agent		
SHYE, JASON 3975 E RAILROAD AVE COCOA, FL 32926				Street Ad			ss (P.O. Box Number is Not Acceptable)				
						City	1000		FL Zip Cod	e	
8. The above	named enti	ty submits this statement latered agent.	for the p	ourpose of changing	its registere	Led office or registe	red agent, or bo	oth, in the State of F		and accept	
SIGNATURE.	Signature bings	or printed name of registered non-	at and title i	fanniaghla (Al	OTC. Spainters						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Signature. Nybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees											
10.	T	OFFICERS AND	D DIREC	CTORS	11,		ADDITIONS	L /CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	1	ASON AILROAD AVE FL 32926		☐ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	l.	ODD AILROAD AVE FL 32926		□ Defete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, F 3975 E R			☐ Dolete	TITLE NAM STRE	E			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
12. If hereby certify that the information supplied with this filling 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 tike empowered.											
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUST Shy 2 1/23/07 32/1/35 2000 Date Dayline Proce #											