


**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90031 024 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 384758</b>   |   |  |  |                |  |
| 1. Entity Name<br><b>PRECISE POWER HOLDINGS CORPORATION</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>12297 US HWY 41 NORTH<br/>PALMETTO, FL 34221</b>   |   |  | Mailing Address<br><b>12297 US HWY 41 NORTH<br/>PALMETTO, FL 34221</b>   |   |  |
| 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<br><b>59-1358982</b>  |  |
|  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |   |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>BARBER, RONNIE J<br/>12297 US HWY NORTH<br/>PALMETTO, FL 34221</b>   |   |  |  | 7. Name and Address of New Registered Agent   |  |
|  |   |  |  | Name  |  |
|  |   |  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |   |  |  | City  |  |
|  |   |  |  | <b>FL</b> 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 _____  |   |  |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | CDST<br>OAKLEY, RONALD E<br>12297 US HWY 41 NORTH<br>PALMETTO, FL 34221 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DST<br>NEUKOM, GEORGE A. JR<br>38444 FIFTH AVE<br>ZENEPHYRHILLS, FL 33541                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>BARBER, RONNIE J<br>5705 25TH ST W<br>BRADENTON, FL               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPD<br>ROESEL, JOHN F JR.<br>1245 133TH ST. N.E.<br>BRADENTON, FL       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Ronnie J Barber</u> <u>2/15/06</u> <u>941-722-1600</u>   |   |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |  |  |   |  |
| RONNIE J BARBER  |   |  |  |   |  |