

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 457702

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: PRECISION MARKETING SERVICES INC.

**Current Principal Place of Business:**

5497 WILES ROAD  
SUITE 204  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

5497 WILES ROAD  
SUITE 204  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 59-1554850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENNA, JOSEPH  
5497 WILES ROAD  
SUITE 204  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PENNA, JOSEPH  
Address: 9511 NW 67TH STREET  
City-St-Zip: PARKLAND, FL 33076

Title: ST ( ) Delete  
Name: PENNA, SONIA  
Address: 9511 NW 67TH STREET  
City-St-Zip: PARKLAND, FL 33076

Title: VP ( ) Delete  
Name: PENNA, DAVID  
Address: 4825 LEITNER DRIVE WEST  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PENNA, DAVID  
Address: 7030 W CYPRESSHEAD DR  
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH PENNA

PRES

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date