


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90034 003 ***150.00

DOCUMENT # 486410 1. Entity Name ROYAL PRECISION PRODUCTS, INC.	
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Principal Place of Business 13171 NW 43 AVENUE OPA LOCKA, FL 33054	Mailing Address 13171 NW 43 AVENUE OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



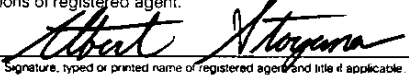
03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1629672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LETTIERE, ALLEN C 5684 SW 103 AVE COOPER CITY, FL 33328	ALBERT STOYANOV 13171 NW 43rd AVE OPA LOCKA, FL. 33054
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DO NOT WRITE IN THIS SPACE

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.

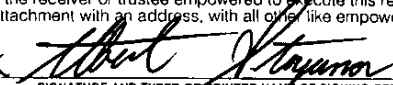
SIGNATURE  3-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LETTIERE, ALLEN C → REMOVE 5684 SW 103 AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOYANOV, ALBERT → REMOVE 8721 NW 8 TH STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALBERT STOYANOV 13171 NW 43rd AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATIANA VIANA 13171 NW 43rd AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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  3-10-08 305-685-5490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #