2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595900

FILED Apr 26, 2005 Secretary of State

Entity Name: PRECISION CONTROL DESIGN, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
35 EGLIN	T W. CONLAN PARKWAY SI DN BEACH, FI		US		
Current M	ailing Addres	s:		New Mailing Addres	ss:
35 EGLIN	T W. CONLAN PARKWAY SI ON BEACH, FI	Ξ	US		
El Number:	59-1863621	FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Re	egistered Agent:	Name and Address	of New Registered Agent:
	V. CONLAN				
	PARKWAY, S ON BEACH, FI		US		
T. WALT	ON BEACH, FI	_ 32548		purpose of changing its registere	red office or registered agent, or both,
T. WALT	on BEACH, Fl named entity s of Florida.	_ 32548		purpose of changing its register	ed office or registered agent, or both,
T. WALTO	ON BEACH, FI named entity s of Florida. RE:	_ 32548 submits th			red office or registered agent, or both, Date
T. WALTO The above In the State	named entity so of Florida. RE: Electron	32548 submits th	is statement for the		
The above the State SIGNATUF	named entity so of Florida. RE: Electron	32548 submits th	is statement for the	ent	
The above in the State SIGNATUF	named entity so of Florida. RE: Electron Inpaign Financing S AND DIREC	aubmits the submits the signature of the	is statement for the	ent	Date
The above the State of the Stat	named entity see of Florida. RE: Electron npaign Financing S AND DIRECT PD () CONLAN, ROBE 135 EGLIN PAR FT WALTON BO	a 32548 submits the ic Signature for signatu	is statement for the	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT W. CONLAN PD 04/26/2005