

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595900

FILED
Mar 27, 2006
Secretary of State

Entity Name: PRECISION CONTROL DESIGN, INC.

Current Principal Place of Business:

% ROBERT W. CONLAN
135 EGLIN PARKWAY SE
FT. WALTON BEACH, FL 32548 US

Current Mailing Address:

% ROBERT W. CONLAN
135 EGLIN PARKWAY SE
FT. WALTON BEACH, FL 32548 US

FEI Number: 59-1863621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT W. CONLAN
135 EGLIN PARKWAY, SE
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

ROBERT W. CONLAN
135 EGLIN PARKWAY SE
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

ROBERT W. CONLAN
135 EGLIN PARKWAY SE
FT. WALTON BEACH, FL 32548 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: PD () Delete
Name: CONLAN, ROBERT W,
Address: 135 EGLIN PARKWAY SE
City-St-Zip: FT WALTON BCH, FL

Title: C () Delete
Name: HUEBNER, JOHN
Address: 6305 THORNDON CIRCLE
City-St-Zip: UNIVERSITY PARK, FL

Title: BM () Delete
Name: PUTH, JOHN
Address: 5215 OLD ORCHARD RD., STE 440
City-St-Zip: SKOKIE, IL 60077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. CONLAN

PD

03/27/2006

Electronic Signature of Signing Officer or Director

Date