2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002509

Entity Name: PRECISION WALLS, INC.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4501 BERYL LROAD RALEIGH, NC 27606				1230 NE MAYNARD RD CARY, NC 27513		
Current Mailing Address:			New Ma	New Mailing Address:		
P.O. BOX 33309 RALEIGH, NC 27636				1230 NE MAYNARD RD CARY, NC 27513		
FEI Number: 56-1171361 FEI Number Applied For ()			FEI Number Not A	I Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name a	nd Address o	f New Registered Agent:	
3197 STEA DAYTONA	LIZABETH B AMBOAT RID A BEACH, FL	32128 US				
	e named entity e of Florida.	submits this statement for the p	urpose of changir	ng its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (ALLEN, BRIAN 4501 BERYL I RALEIGH, NC	ROAD	Title: Name: Address: City-St-Zi	ALLEN, BRIA 1230 NE MA	YNARD RD	
Title: Name: Address: City-St-Zip:	V (ROTH, GARY 4501 BERYL I RALEIGH, NC	ROAD	Title: Name: Address: City-St-Zi	ROTH, GAR` 1230 NE MA	YNARD RD	
Title: Name: Address: City-St-Zip:	WOLFE, BRU	IARKET STREET	Title: Name: Address: City-St-Zi	WOLFE, BR 7215 CESSN		
Title: Name: Address: City-St-Zip:	V (SANDERS, AN 4501 BERYL I RALEIGH, NC	ROAD	Title: Name: Address: City-St-Zi	SANDERS, A 1230 NE MA	YNARD RD	
Title: Name: Address: City-St-Zip:	C (ALLEN, LOY (4501 BERYL RALEIGH, NC	ROAD	Title: Name: Address: City-St-Zi	ALLEN, LOY 1230 NE MA	YNARD RD	
Title: Name: Address: City-St-Zip:	ALLEN, ELIZA 3197 STEAME) Delete BETH B 3OAT RIDGE ROAD ACH, FL 32128	Title: Name: Address: City-St-Zi		(X) Change () Addition ZABETH B //BOAT RIDGE ROAD EACH, FL 32128	

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: BRIAN C ALLEN P 01/04/2006