


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004070 1. Entity Name ACADEMY PRECISION MATERIALS INC.	
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Principal Place of Business 5520 MIDWAY PARK PLACE NE ALBUQUERQUE, NM 87109	Mailing Address 5520 MIDWAY PARK PLACE NE ALBUQUERQUE, NM 87109
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02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0278205	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (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. **\$5.00** May Be Added to Fees

1100000829644
 02/26/08-80049-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PHILIPPI, KEITH 7500 BLUEWATER RD NW ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC BELL, HUGH 7500 BLUEWATER RD NW ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, LOUIS 7500 BLUEWATER RD NW ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, ALAN 7500 BLUEWATER RD NW ALBUQUERQUE, NM 87109
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:  _____ Date: 2-11-08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR