


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F35756 1. Entity Name PRECISION INTERNATIONAL CORPORATION	
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Principal Place of Business 748 TANAGER LANE WEST CHICAGO, IL 60185 US	Mailing Address P.O. BOX 88685 CAROL STREAM, IL 60183
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2091658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALL, JAMES J
3919 SAN ROCCO DR., #34A
PUNTA GORDA, FL 33950-7952**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000535841 05/08/06-80072-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALL, JAMES J 3919 SAN ROCCO DR PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALL, MICHAEL N 748 TANAGER LN WEST CHICAGO, IL 60185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALL, MARLENE K 748 TANAGER LN WEST CHICAGO, IL 60185
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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: Marlene K. Wall **Marlene K. Wall** **4/25/06** **1-888-304-1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone