

FILED  
Apr 20, 2006 8:00 am  
Secretary of State

04-20-2006 90239 001 \*\*\*750.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                 |                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F60178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                |                                                                                                                                                              |
| 1. Entity Name<br>PRECISION ENTERPRISES TAMPA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                 |                                                                                                                                                              |
| Principal Place of Business<br>4636 NORTH DALE MABRY HIGHWAY<br>TAMPA, FL 33614 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | Mailing Address<br>C/O J.I. WOOLEY<br>3800 W HILLSBOROUGH AVE<br>TAMPA, FL 33614 US                             |                                                                                                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | 3. Mailing Address                                                                                              |                                                                                                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | Suite, Apt. #, etc.                                                                                             |                                                                                                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | City & State                                                                                                    |                                                                                                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                 | Zip                                                                                                             | Country                                                                                                                                                      |
| 04142006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Chg-P CR2E034 (11/05)                                                                                           |                                                                                                                                                              |
| 4. FEI Number<br>59-2148481                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | Applied For<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                                                              |
| NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code                                  |                                                                                                                                                              |
| 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<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>TOMM, CHARLIE<br>4306 PABLO OAKS CT<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AS<br>BURGESS, LYNNE A<br>622 THIRD AVENUE, 38TH FLOOR<br>NEW YORK, NY 10017 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | VPAS<br>Burgess, Lynne A.<br>622 Third Avenue, 37th Floor<br>New York, NY 10017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CFOS<br>TEW, DOUGLAS M<br>3800 W HILLSBOROUGH AVE<br>TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | D<br>Gilman, Kenneth B.<br>622 Third Avenue, 37th Floor<br>New York, NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>SMITH, J. GORDON<br>622 THIRD AVENUE, 37TH FLOOR<br>NEW YORK, NY 10017 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>FRANK, ROBERT D<br>622 THIRD AVENUE, 37TH FLOOR<br>NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | VPCFO<br>Noble, Nancy D.<br>4306 Pablo Oaks Court<br>Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AS<br>KLUGER, MATTHEW<br>622 THIRD AVENUE, 37TH FLOOR<br>NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | S<br>Marlette, Linda<br>4306 Pablo Oaks Court<br>Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| 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: <u>Linda Marlette</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | 4/17/06 813-870-3333                                                                                            |                                                                                                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | Date Daytime Phone #                                                                                            |                                                                                                                                                              |

# ATTACHMENT

CORPORATION 2006 UNIFORM BUSINESS REPORT  
PRECISION ENTERPRISES TAMPA, INC.

Names and Street Address of Each Officer and Director Continued

66010882  
# F60178

|    |                  |                                                                |
|----|------------------|----------------------------------------------------------------|
| T  | Hunter Johnson   | 622 Third Avenue, 37 <sup>th</sup> Floor<br>New York, NY 10017 |
| AT | Brett Hutchinson | 622 Third Avenue, 37 <sup>th</sup> Floor<br>New York, NY 10017 |