2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004525

Entity Name: PRECISION FOODS, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11457 OLDE CABIN RD. ST LOUIS, MO 63141 **Current Mailing Address: New Mailing Address:** 11457 OLDE CABIN RD ST LOUIS, MO 63141 FEI Number: 42-1385049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: FRITZ, J L Name: 127 N BEMISTON Address: Address: City-St-Zip: CLAYTON, MO 63105 City-St-Zip: CD Title: Title: () Delete CD (X) Change () Addition Name: KENT, G.A. Name: KENT, G.A. 505 HOGAN COURT 3300 TIPTON ROAD Address: Address: MUSCATINE, IA 52761 City-St-Zip: MUSCATINE, IA 52761 City-St-Zip: Title: VAS () Delete Title: () Change () Addition TRENT JR, W B Name: Name: 312 FAGLE RIDGE ROAD Address: Address: MUSCATINE, IA 52761 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition EVERSMEYER, MA EVERSMEYER, M A Name: Name: Address: 210 ROSCOE Address: 2700 DAWSON City-St-Zip: MUSCATINE, IA 52761 City-St-Zip: MUSCATINE, IA 52761 Title: () Delete Title: () Change () Addition HUFF, J S Name: Name: 2491 MULBERRY AVE Address: Address: City-St-Zip: MUSCATINE, IA 52761 City-St-Zip: () Delete Title: Title: () Change () Addition Name: ROMINE, M. C. Name: 1043 KIEFER RIDGE DRIVE Address: Address: City-St-Zip: City-St-Zip: BALLWIN, MO 63021

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: JAY S. HUFF S 01/09/2007