

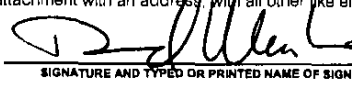


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000005490		
1. Entity Name PRECIMET, INC.		
Principal Place of Business 1 SPECTACLE ST CRANSTON, RI 02910		Mailing Address 1 SPECTACLE ST CRANSTON, RI 02910
DO NOT WRITE IN THIS SPACE		
		
01102007 No Chg-P CR2E034 (11/05)		
4. FEI Number 05-0407235		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 JACKSON, DALE 1926 ORO ST CLEARWATER, FL 34624		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000596270 01/23/07-80072-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HRANT, SHOUSHANIAN 1 SPECTACLE ST CRANSTON, RI 02910	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WEISBERG, ALFRED 1 SPECTACLE ST CRANSTON, RI 02910	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WEISBERG, DAVID D 1 SPECTACLE ST CRANSTON, RI 02910	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  David Weisberg		1/10/07 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		401-781-6100 Daytime Phone #