


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000000678**

1. Entity Name  
**PRECISION LEADERSHIP SYSTEMS INC.**



Principal Place of Business      Mailing Address  
**1121 CRANDON BLVD., #D-908**      **1121 CRANDON BLVD., #D-908**  
**KEY BISCAIYNE FL 33149**      **KEY BISCAIYNE FL 33149**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/08)

6. Name and Address of Current Registered Agent

**LIVINGSTON, J STERLING**  
**1121 CRANDON BLVD., #D-908**  
**KEY BISCAIYNE FL 33149**

4. FEI Number      Applied For

**65-0720689**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

     \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LIVINGSTON, RUTH E</b> <b>1121 CRANDON BLVD., #D-908</b> <b>KEY BISCAIYNE FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LIVINGSTON, J STERLING</b> <b>1121 CRANDON BLVD., #D-908</b> <b>KEY BISCAIYNE FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIVINGSTON, MATTHEW S</b> <b>12009 ST HALENA ST</b> <b>OAKTON VA 22124</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIVINGSTON, STERLING C</b> <b>6713 CABOOSE LANE</b> <b>SANDSTON VA 23150</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
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 03/14/07-80069-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *J Sterling Livingston, President, Precision Leadership Systems Inc. 03/24/07*