

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000025

Entity Name: PRECISION DATA, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

PMB 357
1835 US 1 SOUTH 119
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PMB 357
1835 US 1 SOUTH 119
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 51-0324962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BREEDLOVE, AREANNE L CPA
31207 HARBOUR VISTA CIRCLE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Title: CPS () Delete
Name: BERSE, GAYLEN
Address: 31207 HARBOUR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V () Delete
Name: DELEWIS, SHIRLEY
Address: 1911 SW CAMPUS DR.
City-St-Zip: FEDERAL WAY, WA 98023

Title: C () Delete
Name: BREEDLOVE, AREANNE L
Address: 31207 HARBOUR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: BERSE, GAYLEN
Address: 507 PRNCE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: BREEDLOVE, AREANNE L
Address: 507 PRNCE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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: GAYLEN BERSE

CPS

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date