2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 28, 2008 08:00 Al DOCUMENT # K75305 **Secretary of State** 1. Entity Name PRECISION METAL SERVICES, INC. Principal Place of Business Mailing Address 814 W. CHURCH STREET 814 W. CHURCH STREET ORLANDO, FL 32805 ORLANDO, FL 32805 01082008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2940095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUSH, JACK H. DO NOT WRITE 33243 EQUESTRIAN TRAIL SORRENTO FL 32776 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. 8, Jack H. Brush SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent wonsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE BRUSH, JACK H. NAME U00000802019 33243 EQUESTRIAN TRAIL STREET ADDRESS 02/01/08-80043-016 150.00 CITY-ST-ZIP SORRENTO, FL ST TITLE BRUSH, HEATHER A NAME 33243 EQUESTRAIN TRAIL STREET ADDRESS CITY-ST-ZIP SORRENTO, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jack H. Brush

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8, 2008 407-843-3682

Daytime Phone #