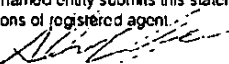
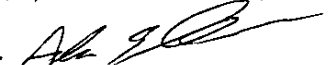


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AE)

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90314 026 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                 |                                                                                            |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000018878</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                 |                                                                                            |                                                        |                                                                   |
| 1. Entity Name<br><b>D N A PRECISION, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                 |                                                                                            |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>10859 EMERALD CST PKWY 204-304<br/>MIRAMAR BEACH FL 32550<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                 | Mailing Address<br><b>10859 EMERALD CST PKWY 204-304<br/>MIRAMAR BEACH FL 32550<br/>US</b> |                                                                                                                                         |                                                                   |
| 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                                                                                    | 4. FEI Number<br><b>204407311</b>                                                                                                       |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                                                                                            | Applied For<br>Not Applicable                                                                                                           |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE  DATE <b>4/20/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> |                                                                                     |                                 |                                                                                            |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                 |                                                                                            |                                                                                                                                         |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                 | 10. ADDITIONS/CHANGES                                                                      |                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MGRM<br>ELLIS, ALAN M<br>10859 EMERALD CST PKWY 204-304<br>MIRAMAR BEACH FL 32550   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MGRM<br>ELLIS, DENICE M<br>10859 EMERALD CST PKWY 204-304<br>MIRAMAR BEACH FL 32550 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.       |                                                                                     |                                 |                                                                                            |                                                                                                                                         |                                                                   |
| SIGNATURE:  DATE <b>4/20/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                     |                                                                                     |                                 |                                                                                            |                                                                                                                                         |                                                                   |