2008 LIMITED LIABILITY (:OMPANY ANNUAL REPORT

May 19, 2008 8:00 am Secretary of State **DOCUMENT # L07000118743** 04-14-2008 90222 010 ***138.75 1. Entity Name PRECISION TECH MACHINING LLC Mailing Address Principal Place of Business 4450 ENTERPRISE COURT 4450 ENTERPRISE COURT 30006690 SUITE E SUITE E MELBOURNE, FL 32934 MELBOURNE FL 32934 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. (El Number/ 385 City & State Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required me and Address of New Registered Agent 6. Name and Address of Current Registered Agent. DUNLOP, CAROL J Street Address (P.O. Box Number is Not Acceptable) 1505 ROSEMARY DRIVE MELBOURNE, FL 32935 City 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 Signature, typied or prened name of registered open and title if applicable. (NOTE: Registered Agent argusture required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Delete TITLE ☐ Change ■ Addition me. WALKER, WANDA G NAME NAME STREET ADDRESS STREET ADDRESS 4450 ENTERPRISE COURT, SUITE E CITY-ST-71P CITY-ST-7/P MELBOURNE, FL 32934 MGRM Delete TITLE ☐ Change ■ Addition TITLE WALKER, KEVIN S NAME NAME STREET ADDRESS 4450 ENTERPRISE COURT, SUITE E STREET ADDRESS CITY-ST-219 CITY-ST-ZIP MELBOURNE, FL 32934 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete MLE Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE MLE Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change · Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 eath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as jegutred by Chapter 608, Florida Statutes.

FILED