\$\display 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L66455 1. Entity Name FLORIDA PRECISION MACHINING, INC.

May 28, 2004 08:00 AM Secretary of State

Principal Place of Business

250 EAST DRIVE

SUITE A

MELBOURNE, FL 32904

Mailing Address

250 EAST DRIVE

SUITE A

DO NOT WRITE IN THIS SPACE

MELBOURNE, FL 32904



FILED

03112003

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3002564

Applied For Nut Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELLA, MICHAEL P 250-A EAST DR

MELBOURNE, FL 32904			IN THIS SPACE		
8. The above named en the obligations of reg		purpose of changing its registere	ed office or re	egistered agent, or ບັບ	rth, in the Stale of Floriಡ்ட் I am familiar with, and accept
SIGNATURESignature, typ	ed or printed name of registered agent and lit	te t applicable [NCTE Registere	d Agent signature	tectrined when ternslating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
STREET ADDRESS 250-A E	MICHAEL P AST DRIVE URNE, FL 32904		eni e e e e		U00000161737 U5/28/04-80002-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS CITY-SI-78				DO	NOT WRITE
TITEE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TOTLE NAME STREET ADDRESS CITY-ST 28					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			. :	Vi) Floricia Statutos Hurther certify that the information

receipt centry trial trie microtration suppred with this time does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, Hurther 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 eath, that I am an officer or director of the components or the receiver or trastee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR