

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L79936

1. Entity Name
PRECISION ENVIRONMENT, INC.



Principal Place of Business
**1644 FIRST AVE., NO.
ST. PETERSBURG, FL 33713 US**

Mailing Address
**1644 FIRST AVE., NO.
ST. PETERSBURG, FL 33713 US**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3015337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMB, JO ANN
1644 FIRST AVE N
ST. PETERSBURG, FL 33705**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000425246

02/18/06-80087-012 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGH, ROBIN R.
STREET ADDRESS	1644-1ST AVE., NO.
CITY-ST-ZIP	ST. PETERSBURG, FL 33713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robin Singh

ROBIN SINGH

2-6-06

727-894-8200