
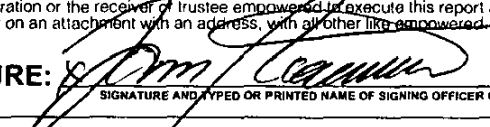


FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90014 003 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000023319					
1. Entity Name MOST PRECISION SERVICES CORPORATION					
Principal Place of Business 5205 SARASOTA CT. CAPE CORAL, FL 33904		Mailing Address 5205 SARASOTA CT. CAPE CORAL, FL 33904			
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 65-0992748	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANSSON, JEAN 5205 SARASOTA CT. CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULSEN, DANIEL	NAME			
STREET ADDRESS	5205 SARASOTA CT.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULSEN, MAGUS	NAME			
STREET ADDRESS	5205 SARASOTA CT.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULSEN, EVA	NAME			
STREET ADDRESS	5205 SARASOTA CT.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULSEN, JONAS	NAME			
STREET ADDRESS	5205 SARASOTA CT.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	PVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANSSON, JEAN	NAME			
STREET ADDRESS	5205 SARASOTA CT.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		3/17/08 (239) 823-4769			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			