

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059532

Entity Name: PRECISE NOTICES, INC.

FILED  
Apr 20, 2006  
Secretary of State

**Current Principal Place of Business:**

8209 N. PINE ISLAND RD.  
SUITE 148  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8209 N. PINE ISLAND RD.  
SUITE 148  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 65-1017406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORSHOP, CAMILLE P.A.  
305 S. ANDREWS AVE SUITE 810  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MASON, ADRIENNE  
Address: 8209 N PINE ISLAND RD #148  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE MASON

PRES

04/20/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date