2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

Mar 04, 2005 8:00 am **Secretary of State DOCUMENT # P02000004748** 1. Entity Name 03-04-2005 90066 049 ***158.75 PRECISION SOFTWARE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 11920 RACE TRACK ROAD 11920 RACE TRACK ROAD **TAMPA FL 33626 TAMPA FL 33626** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 04-3585863 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACHER, ZELMAN, VAN SANT, P.A. Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVENUE 7TH FLOOR, SUITE 700 MIAMI FL 33131 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ... Delete TITLE Change Addition NAME BILLIG, JAMES F NAME STREET ADDRESS 10537 WEYBRIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33626 ☐ Delete TITLE Change ☐ Addition TITLE NAME PARKS, CHARLES T MAME STREET ADDRESS STREET ADDRESS 3349 LAKE PADGETT DRIVE LAND O LAKES FL 34639 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BALES, RICHARD G NAME STREET ADDRESS STREET ADDRESS 181 E CANAL DRIVE CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP Delete Change ☐ Addition HILE TITLE DRUCKAMILLER, JAMES J NAME NAME 1347 WINDSOR DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), 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 trusted 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 application, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

FILED