2007 FOR PROFIT CORPORATION - ANNUAL REPORT

Feb 12, 2007 08:00 A Secretary of State **DOCUMENT # P03000003070** 1. Entity Name SMARTER PRECISION, INC. Principal Place of Business Mailing Address 1123 SEMINOLE STREET 1123 SEMINOLE STREET CLEARWATER, FL 33755 CLEARWATER, FL 33755 01022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2310921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAYLOR, THOMAS W DO NOT WRITE 2849 PADDOCK DR PALM HARBOR, FL 34684 IN THIS SPACE 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 | 1 am familiar with, and accept the obligations of register SIGNATURE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME KATOPIS, CATHERINE 1123 SEMINOLE STREET STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 TITLE U000000631221 NAME 02/20/07-80038-017 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 OF

STREET ADDRESS
CITY-ST-ZIP

PRES

19/07

Daytime Phone #

FILED