

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000100011  
 1. Entity Name  
 DYNO CNC PRECISION, INC.



Principal Place of Business      Mailing Address  
 18927 TITUS ROAD                      18927 TITUS ROAD  
 HUDSON, FL 34667                      HUDSON, FL 34667



01172006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0218419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 RODHE, DENISE E  
 18927 TITUS RD  
 HUDSON, FL 34667

**DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Denise E Rodhe*      (NOTE: Registered Agent signature required when reinstating)      4-27-06  
Signature, typed or printed name of registered agent and title if applicable.      DATE

**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 NAME STREET ADDRESS CITY - ST - ZIP	P JAHN, STEVEN 18927 TITUS ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODHE, RANDY L 18927 TITUS ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,T RODHE, DENISE E 18927 TITUS ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000565546  
 05/22/06-80001-010 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Denise E Rodhe*      4-27-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #