

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90003 021 \*\*\*158.75

<b>DOCUMENT # P05000114576</b> 1. Entity Name <b>PRECISION TINTING SOLUTIONS, INC.</b>																																																																																				
Principal Place of Business <b>1708 AZALEA CT., UNIT C OLDSMAR, FL 34677</b>		Mailing Address <b>1708 AZALEA CT., UNIT C OLDSMAR, FL 34677</b>																																																																																		
2. Principal Place of Business <b>4275 118TH AVE. N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4275 118TH AVE. N.</b> Suite, Apt. #, etc.																																																																																		
City & State <b>CLARWATER, FL.</b> Zip <b>33762</b>		City & State <b>CLARWATER, FL.</b> Zip <b>33762</b> Country <b>U.S.A.</b>																																																																																		
4. FEI Number <b>20-3341663</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent  <b>MCGINLEY, SHANE 1708 AZALEA CT., UNIT C OLDSMAR, FL 34677</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																				
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																				
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>WILLIAM R. MAUGER II</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>429 COUNTRY CLUB DR. OLDSMAR, FL. 34677</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>SHANE MCGINLEY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>3306 TARPON WOODS BLVD. PALM HARBOR, FL. 34685</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	NAME	Delete	STREET ADDRESS	<b>WILLIAM R. MAUGER II</b>		CITY-ST-ZIP	<b>429 COUNTRY CLUB DR. OLDSMAR, FL. 34677</b>		TITLE	NAME	Delete	STREET ADDRESS	<b>SHANE MCGINLEY</b>		CITY-ST-ZIP	<b>3306 TARPON WOODS BLVD. PALM HARBOR, FL. 34685</b>		TITLE	NAME	Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																				
<b>SIGNATURE:</b> <b>WILLIAM MAUGER II</b>		Date <b>6/6/06</b> Daytime Phone # <b>727 710 2329</b>																																																																																		