

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90028 023 \*\*\*150.00

<b>DOCUMENT # P06000081922</b> 1. Entity Name <b>PRECISE LASER POINTS, INC</b>					
Principal Place of Business <b>1301 SEMINOLE BLVD. 142 LARGO, FL 33770</b>			Mailing Address <b>1301 SEMINOLE BLVD. 142 LARGO, FL 33770</b>		
2. Principal Place of Business - No P.O. Box # <b>1301 Seminole Blvd</b>		3. Mailing Address <b>1301 Seminole Blvd</b>			
Suite, Apt. #, etc. <b>Suite 170</b>		Suite, Apt. #, etc. <b>Suite 170</b>			
City & State <b>Largo FL</b>		City & State <b>Largo FL</b>			
Zip <b>33770</b>	Country <b>USA</b>	Zip <b>33770</b>	Country <b>USA</b>	4. FEI Number <b>20-5230971</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STYERS, JOHN D 9380 RUSTIC PINES BLVD. SEMINOLE, FL 33776</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>John Douglas Styers</i></u> <b>John Douglas Styers</b> <span style="float: right;"><b>4-30-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>STYERS, DONALD W</b> <b>3314 PARKSIDE DR</b> <b>PORTAGE, IN 46368</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>STYERS, BARBARA L</b> <b>9380 RUSTIC PINES BLVD.</b> <b>SEMINOLE, FL 33776</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>STYERS, CYNTHIA A</b> <b>3314 PARKSIDE DR</b> <b>PORTAGE, IN 46368</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>STYERS, JOHN D</b> <b>9380 RUSTIC PINES BLVD.</b> <b>SEMINOLE, FL 33776</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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, without other like empowered.					
SIGNATURE: <u><i>John Douglas Styers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-30-07 727-585-5171</b> <small>Date Daytime Phone #</small>		

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