

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P06000101899</b> 1. Entity Name <b>PRECISION LOOPS INCORPORATED</b>						<b>FILED</b> <b>2007 MAR -3 AM 8:13</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE FLORIDA</b>	
Principal Place of Business <b>5505 MILEY ROAD</b> <b>PLANT CITY, FL 33565 US</b>				Mailing Address <b>5505 MILEY ROAD</b> <b>PLANT CITY, FL 33565 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				01292007    Chg-P    CR2E034 (12/06)	
City & State		City & State					
Zip    Country		Zip    Country					
4. FEI Number <b>20-5411644</b>				Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LOPEZ, FRANK JR.</b> <b>770 GERARD AVENUE</b> <b>SEFFNER, FL 33584</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</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>P</b> <b>LOPEZ, FRANK JR.</b> <b>770 GERARD AVENUE</b> <b>SEFFNER, FL 33584</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b></del> <del><b>BRYAN ROY A</b></del> <del><b>5505 MILEY RD</b></del> <del><b>PLANT CITY, FL 33565</b></del>			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>BRYAN, NORMA E SEC/TRE</b> <b>5505 MILEY ROAD</b> <b>PLANT CITY, FL 33565</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<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, with all other like empowered.				<b>100096005021</b> <b>04/06/07--01044--020 **158.75</b>			
<b>SIGNATURE:</b> <i>Norma E. Bryan V.P.</i>				2/13/07    813-752-7311			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date    Daytime Phone #</small>			