

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050274

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: PRECISION TECHNOLOGY SOLUTIONS, INC.

**Current Principal Place of Business:**

803 E 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

803 E 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 20-8918342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORENSEN, PAULA  
803 E 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GREENE, DAN  
Address: 821 EAGLE POINT DRIVE  
City-St-Zip: PORT ORANGE, FL 32092

Title: S ( ) Delete  
Name: SORENSEN, GREG  
Address: 803 E 7TH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP ( ) Delete  
Name: GREENE, KAREN  
Address: 821 EAGLE POINT DRIVE  
City-St-Zip: PORT ORANGE, FL 32092

Title: P ( ) Delete  
Name: SORENSEN, PAULA  
Address: 803 E 7TH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG R. SORENSEN

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03/20/2008

Electronic Signature of Signing Officer or Director

Date