

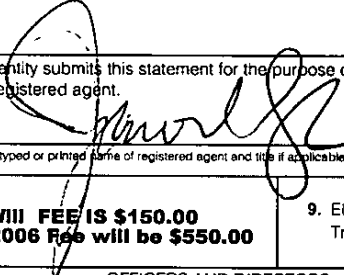
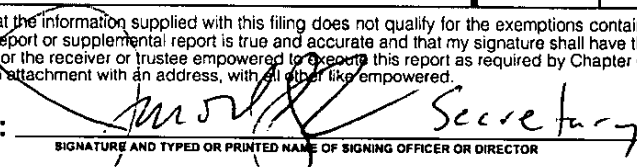


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90271 042 \*\*\*158.75

<b>DOCUMENT # P92000012022</b> 1. Entity Name <b>PRECISION RESOURCES, INC.</b>					
Principal Place of Business <b>505 CANAVERAL GROVES BLVD. COCOA, FL 32926</b>			Mailing Address <b>505 CANAVERAL GROVES BLVD. COCOA, FL 32926</b>		
2. Principal Place of Business <b>3975 E RAILROAD AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3975 E RAILROAD AVE</b> Suite, Apt. #, etc.			
City & State <b>COCOA FLORIDA</b>		City & State <b>COCOA FLORIDA</b>		4. FEI Number <b>59-3159286</b>	
Zip <b>32926</b>		Country		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>SHYE, JASON 505 CANAVERAL GROVES BLVD. COCOA, FL 32926</b>			7. Name and Address of New Registered Agent Name <b>JASON SHYE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3975 E RAILROAD AVENUE</b> City <b>COCOA FL</b> Zip Code <b>32926</b>		
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 <b>1/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SHYE, JASON 505 CANAVERAL GROVE BLVD COCOA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Shye, JASON 3975 E. RAILROAD AVENUE COCOA FL 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRAY, TODD 505 CANAVERAL GROVES BLVD COCOA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRAY, TODD 3975 E. RAILROAD AVENUE COCOA FL 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELLY, ROBERT W 505 CANAVERAL GROVES BLVD. COCOA, FL 32926</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Kelly, Robert 3975 E RAILROAD AVE COCOA FL 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>Secretary</b> DATE <b>1/12/06</b> DAYTIME PHONE # <b>321 635 2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					