2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000060939

PRECISION STANDARDS INTERNATIONAL OF ST. AUGUSTINE, INC.

Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90082 015 ***150.00

FILED



Mailing Address 1323 DISTRIBUTION AVE WEST 1323 DISTRIBUTION AVE WES				"					
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City & State City & State City & State City & State Country C	Principal Place of Business - No P.O. Box # 3. Mailing Addres			ress					
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Signature Sign						<u> </u>	· · · · · ·		
S. Certificate of Status Desired Fee Required Interest Fee Required Intere	City & State		City & State					`	
MOORE, MICHAEL C 11337 DISTRIBUTION AVE W JACKSONVILLE, FL 32256 City FL Zip Code	Zip Country		Zip	Zip Country		5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent								
City FL Zip Code	MOORE, MICHAEL C				Name				
E. The above named effitily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Septimore, however or prefer name of registered agent and life if acceptable. (IACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. (IACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. (IACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. (IACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. (IACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent. (IACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent. (IACTE. Registered agent, or both in the State of Florida. I am lamiliar with, and accept the part of the part	11337 DISTRIBUTION AVE W			Sti	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named chilty 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 Spanture, hymod or preted name of registered apent and life # Appticable. FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees \$3.00 May Be	•				tv	·	Zin Cod		
Title Now Fee Separate, hybrid or printed ragent and the farplacable (NOTE Regulated Agent separate included when remaining) DATE					<u> </u>				
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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.

GNATURE:

MICHAEL C. Morafe

SIGNATURE: >