

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 11, 2008 8:00 am  
Secretary of State**

01-11-2008 90032 003 \*\*\*150.00

DOCUMENT # P96000069833

1. Entity Name  
PRECISION SCOPING, INC.



Principal Place of Business  
9087 TERNI LANE  
BOYNTON BEACH, FL 33437

Mailing Address

9087 TERNI LANE  
BOYNTON BEACH, FL 33437

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0691637

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHELLING, SUSAN  
9087 TERNI LANE  
BOYNTON BEACH, FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: P  
NAME: SHELLING, SUSAN  
STREET ADDRESS: 9087 TERNI LANE  
CITY-ST-ZIP: BOYNTON BEACH, FL 33437

Delete

TITLE: V  
NAME: BLAUSTEIN, ARTHUR  
STREET ADDRESS: 9087 TERNI LANE  
CITY-ST-ZIP: BOYNTON BEACH, FL 33437

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN SHELLING 1/7/08 561-252-4752

Date

Daytime Phone #