2007 FOR PROFIT CORPORATION

Mar 09, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P97000070395 1. Entity Name PRECISION MARINE SURVEYORS, INC. Principal Place of Business Mailing Address 7780 55TH ST N 7780 55TH ST N PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 US 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3467850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR DO NOT WRITE 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000661001 Trust Fund Contribution. Added to Fees 03/20/07-80022-018 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME IVES, DUANE R 7780 55TH ST N STREET ADDRESS PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filling 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. changed, or on an attachment with an address

SIGNATURE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

FILED