

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90049 029 ***150.00

DOCUMENT # P97000079150 1. Entity Name PRECISION RELAY SERVICES, INC.			
Principal Place of Business 8151 PETERS RD STE 4000 PLANTATION, FL 33324		Mailing Address 8151 PETERS RD STE 4000 PLANTATION, FL 33324	
2. Principal Place of Business 8151 Peters Rd Suite, Apt. #, etc. Ste 3000 City & State Plantation, FL Zip 33324		3. Mailing Address 8151 Peters Rd. Suite, Apt. #, etc. Ste 3000 City & State Plantation, FL Zip 33324	
4. FEI Number 65-0802465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KABOT, ERIC 526 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>NRAI Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>526 E. Park Avenue</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32301</u>	
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 <u>Eileen Chaddock</u> February 4, 2005 <small>Signature typed or printed name of agent or agent's authorized representative (NO Signature required when reinstating)</small> DATE <u>Eileen Chaddock, Special Asst. Secretary</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DCEO NAME CARDELLA, THOMAS STREET ADDRESS 8151 PETERS RD STE 4000 CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Eric Kabot, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/2/05</u> (954) 693-3743 <small>Date Daytime Phone #</small>	

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