


2007 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000032177		
1. Entity Name PRECISION STUCCO, INC.		

FILED

2007 DEC -7 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 88 SKYLARK AVE 715 MERRITT ISLAND, FL 32953	Mailing Address 88 SKYLARK AVE 715 MERRITT ISLAND, FL 32953
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2. Principal Place of Business - No P.O. Box # 606 GLADIXA ST.	3. Mailing Address 3185 FAN PALM AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11202007 REIN-P CR2E098 (1/07) 07

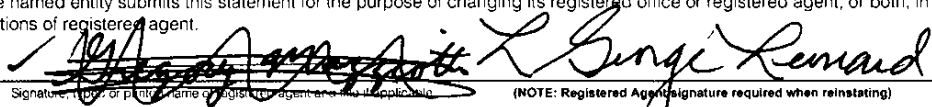
City & State Merritt Island	City & State Cocoa, FL.
Zip 32953	Zip 32927
Country FLORIDA	Country FLORIDA

4. FEI Number 59-3508681	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAZZIOTTI, GREG 88 SKYLARK AVE #715 MERRITT ISLAND, FL 32953	
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7. Name and Address of New Registered Agent Name L. GEORGE LEONARD CPA Street Address (P.O. Box Number is Not Acceptable) 1485 N. ATLANTIC AVE SUITE 102 City COCOA BEACH FL Zip Code 32931	
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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 12/3/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZIOTTI, GREG 88 SKYLARK AVE #715 MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZIOTTI, GREG 1320 ARLINGTON CIR MERRITT ISLAND, FL 32952 <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	000113222780 12/18/07--01022--009 **150.00 <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
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.	
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SIGNATURE: 	DATE 11/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	