FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILLED Katherine Harris MORETARY OF STATE ANNUAL REPORT Secretary of State I VISION OF CORPORATION -DIVISION OF CORPORATIONS 1999 99 OCT -6 AM 10: 59 DOCUMENT# Precision Machining Network, Inc Principal Place of Business 9075 130 A.W.N., Bldg. P.O. Box 7372 Seminole, FL 33775 Largo, FL 33773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Numb 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Personal Property Tax. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sanders 920d St. N.,#1078 82 Street Address (P.O. Box Number is Not Acceptable) Seminole, FL 33777 83 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. □ DELETE Change 1 116 Sanders, Samuel 1560.921d St.N.#107B Sanders, Jamuel 12 NAME NAME 8352 Meadowbrook Dr. 1.3 STREET ADDRESS STREET ADDRES Seminole, FL 1.4 CITY-ST-ZIP ☐ Addition 2.1 TITLE TITLE NAME Sanders, David 8352 Meadowbrook Dr. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS argo, FL 33777 2.4 CITY-ST-ZIP Addition ☐ DELETE Sanders, Sandra 8352 Meadowbrook Dr. Largo, FL 38777 TITLE Sanders, Sandra 32 NAME 7500 9200 St.N. #107B Seminole, FL 33777 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 600003015936---8 NAME 4 2 NAME -10/14/99--01104--018 4.3 STREET ADDRESS \$1REET ADDRESS ****158.92 ****158.92 4.4 CITY-ST-ZIP C.TY-51-7/P DELETE DT_E 51 TITLE 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST ZIP 61 TITLE Addition DELETE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

R 2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

Sandra