2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# S39145

Entity Name: PRECISION MEDICAL, INC.

Current Principal Place of Business:

9216 PALM RIVER RD
SUITE 205
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9216 PALM RIVER RD
SUITE 205
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3060620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLS, FREDERICK J ESQ
C/O MORRISON & MILLS, PA
1200 WEST PLATT STREET SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ETHERIDGE, GEORGE W.,
Address: 9216 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

Title: STD ( ) Delete
Name: ETHERIDGE, LISA O.,
Address: 9216 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

Title: VS ( ) Delete
Name: MIRABELLA, CHARLES
Address: 9216 PALM RIVER ROAD # 205
City-St-Zip: TAMPA, FL 33619

Title: VS ( ) Delete
Name: ROBINSON, FRANK
Address: 9216 PALM RIVER ROAD # 205
City-St-Zip: TAMPA, FL 33619

Title: VS ( ) Delete
Name: HAWKINS, JOHN
Address: 9216 PALM RIVER ROAD # 205
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE W. ETHERIDGE, JR. PSD 03/20/2006

Electronic Signature of Signing Officer or Director — Date