2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000066983 1. Entity Name 07-09-2007 90044 019 ***150.00 STRATEGIC RESOURCE ENGINEERING, INC. Principal Place of Business Mailing Address 1428 BRICKELL AVE 1428 BRICKELL AVE SUITE 500 SUITE 500 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 777 Brickey Ave 777 Brickell Auc, 1200 07052007 Chg-P CR2E034 (12/06) Hiam Applied For City & State City & State 4. FEI Number 65-1117428 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Godward GODWARD, V. MARK Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE SUITE 500 1200 Brickell Ave, Ste MIAMI, FL 33131 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) | 150.00 | FILE NOW!!! FEE IS \$550.00 We Houeを 9. Election Campaign Financing *Old Not receive \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Delete TITLE GODWARD, V. MARK NAME NAME 77 Blickell Ave, Ste 1200 STREET ADDRESS 1428 BRICKELL AVE. STE. #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jul 09, 2007 8:00 am

Daytme Phone #