


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000035588 1. Entity Name STRATEGIC INVESTMENT GROUP INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIO
 06 MAY -8 PM 3:31

Principal Place of Business 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313	Mailing Address 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05082006 Chg-P CR2E034 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 02-0579147	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BROWN, RUPERT 2874 NORTH STATE RD. 7 LAUDERDALE LAKES, FL 33313	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	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	P BROWN, RUPERT 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE	<div style="text-align: center; font-size: 1.2em;"> 300075109583 05/24/06--01004--007 **150.00 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BROWN, SYLVIA 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP BROWN, ANDRE' 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<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.

SIGNATURE:  Date: **5/11/06** Daytime Phone #: **954 486 7474**