


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000035588 1. Entity Name STRATEGIC INVESTMENT GROUP INC.	
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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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DO NOT WRITE IN THIS SPACE



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0579147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RUPERT
 2874 NORTH STATE RD. 7
 LAUDERDALE LAKES, FL 33313

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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)

000000951599
 06/04/08-80042-014 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, RUPERT 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SYLVIA 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, ANDRE 2874 NO. STATE RD. 7 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  s/r/08 9544019618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #