2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State
07-09-2007 90044 019 ***150.00

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1. Entity Name
STRATEGIC RESOURCE ENGINEERING, INC.

Principal Place of Business	Mailing Address
1428 BRICKELL AVE SUITE 500 MIAMI, FL 33131	1428 BRICKELL AVE SUITE 500 MIAMI, FL 33131

07052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
777 Brickell Ave 1200		777 Brickell Ave, ~~1200~~	
Suite, Apt. #, etc. Miami, FL		Suite, Apt. #, etc. 1200	
City & State		City & State Miami, FL	
Zip 33131	Country	Zip 33131	Country

4. FEI Number 65-1117428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODWARD, V. MARK 1428 BRICKELL AVE SUITE 500 MIAMI, FL 33131	Name Mark Godward Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Ave, Ste 1200 City Miami **FL** Zip Code 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) DATE

FILE NOW!!! FEE IS ~~$550.00~~ 150.00 * **Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ We Moved!

$5.00 May Be Added to Fees

*Did not receive Prior Notice - Please Waive

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWARD, V. MARK 1428 BRICKELL AVE. STE. #500 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Godward 777 Brickell Ave, Ste 1200 Miami, FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: V. M. Godward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #