2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 08:00 All Secretary of State **DOCUMENT #494693** STRONG MANAGEMENT, INC. Principal Place of Business Mailing Address 1000 N. ORLANDO AVE 1000 N. ORLANDO AVE STE. D STE. D WINTER PARK, FL 32789 WINTER PARK, FL 32789 CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1661237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STRONG, DAVID C 1000 N. ORLANDO AVENUE SUITE D WINTER PARK, FL 32789 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE.IS.\$150.00. After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000910844 95,67,68-86617-869 150.00 10. OFFICERS AND DIRECTORS PSD TITLE STRONG, DAVID C. NAME STREET ADDRESS 1000 N. ORLANDO AVENUE SUITE D WINTER PARK, FL 32789 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



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FILED