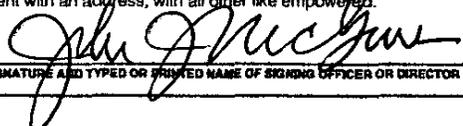


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90102 028 ***150.00

DOCUMENT # F0100003309					
1. Entity Name STRATEGISTICS, INC.					
Principal Place of Business 561 GURLEYVILLE ROAD STORRS, CT 06268			Mailing Address P.O. BOX 573 STORRS, CT 06268		
2. Principal Place of Business		3. Mailing Address		 04092004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1614181	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGUIRE, JOHN J		NAME		
STREET ADDRESS	561 GURLEYVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	STORRS, CT 06268		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENIGNO, ANTONY M		NAME		
STREET ADDRESS	16 FRANCINE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	AMITYVILLE, NY 11701		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSES, MONIKA		NAME	VD MOSES, MONIKA	
STREET ADDRESS	175 MONARCH AVE		STREET ADDRESS	114 BUCHANAN STREET	
CITY-ST-ZIP	WEST BABYLON, NY 11704		CITY-ST-ZIP	CENTRAL PORT, NY 11721	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: 			4/8/04 860-487-1871		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		