2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 06, 2007 08:00 AN Secretary of State DOCUMENT #F93000005733 1. Entity Name STRATECASTS, INC. Principal Place of Business Mailing Address 20301 GRANDE OAKS BLVD 20301 GRANDE OAKS BLVD # 118-32 # 118-32 ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number 11-2660837 City & State City & State Applied For Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRGIN, KEN 21174 MARKWARD CROSSING ESTERO FL 33928 Street Address (P.O. Box Number is Not Acceptable) City 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 Signature, typed or printed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 5, 2007 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. THTLE Change TITLE ☐ Defete U00000771817 KIRGIN, KEN NAME NAME 08/07/07-80009-020 150.00 STREET ADDRESS 20174 MARKWARD CROSSING STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ESTERO FL 33928 ☐ Change TITLE ☐ Delete TITLE Addition NAME MARIE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7P ☐ Addition TITLE Change Change TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FITLE Delete KILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE □ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS DITY-SE-7IP CITY-ST-ZIP 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: LAND TYPED OR PRINTED IN SECOND SIGNING OFFICER OR DIRECTOR SIGNING OFFICER OR SIGNING OFFICER OR DIRECTOR SIGNING OFFICER OR DIRECTOR SIGNING OFFICER OR DIREC