
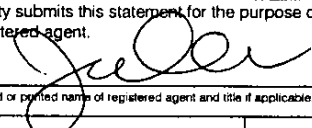
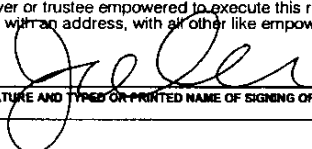


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 020 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # F97000001102 1. Entity Name STRICTLY ADVERTISING, INC. | | | |  | |
| Principal Place of Business 1011 IVES DAIRY RD 210 MIAMI, FL 33179 US | | | Mailing Address 1011 IVES DAIRY RD 210 MIAMI, FL 33179 US | | |
| 2. Principal Place of Business - No P.O. Box # 1525 NW 167th Str. | | 3. Mailing Address 1525 NW 167th Str. | | | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. Suite 200 | | | |
| City & State Miami, Florida | | City & State Miami, Florida | | | |
| Zip 33169 | | Country USA | | Zip 33169 | |
| Country USA | | 4. FEI Number 56-1943953 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent EDMONDS, JULIE 1011 IVES DAIRY RD #210 MIAMI, FL 33179 | | | | 7. Name and Address of New Registered Agent Name Julie Edmonds Street Address (P.O. Box Number is Not Acceptable) 1525 NW 167th Str. #200 City Miami FL Zip Code 33169 | |
| 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 4.23.07 <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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP | P EDMONDS, JULIE 1011 IVES DAIRY RD MIAMI, FL 33179 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Julie Edmonds 1525 NW 167th Str. #200 Miami, FL 33169 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 4.23.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |