

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001102

FILED  
May 20, 2009  
Secretary of State

Entity Name: STRICTLY ADVERTISING, INC.

## Current Principal Place of Business:

1525 NW 167TH ST  
SUITE 490  
MIAMI, FL 33169 US

## New Principal Place of Business:

## Current Mailing Address:

1525 NW 167TH ST  
SUITE 490  
MIAMI, FL 33169 US

## New Mailing Address:

FEI Number: 56-1943953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDMONDS, JULIE  
1525 NW 167TH ST  
SUITE 490  
MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EDMONDS, JULIE  
Address: 1525 NW 167TH ST SUITE 200  
City-St-Zip: MIAMI, FL 33169 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EDMONDS, JULIE  
Address: 1525 NW 167TH ST SUITE 490  
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE EDMONDS

PRES

05/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date