


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 032 ***150.00

DOCUMENT # H93243	
1. Entity Name STROLLO'S, INC.	

Principal Place of Business 1295 EASTMAN ST LAKELAND FL 33801	Mailing Address 114 EAST BELVEDERE LAKELAND FL 33803
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2. Principal Place of Business - No P.O. Box # 1295 East Main Street	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Lakeland, Florida	City & State
Zip 33801	Country U.S.A.

4. FEI Number 59-1082020	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MOTTRAM, SUSAN STROLLO 114 EAST BELVEDERE ST LAKELAND FL 33803	
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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	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STROLLO, OLGA 1128 JOSEPHINE ST. LAKELAND FL 33815 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOTTRAM, SUSAN STROLLO 114 E. BELVEDERE ST. LAKELAND FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOTTRAM, THOMAS W 114 E. BELVEDERE ST LAKELAND FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Susan Strollo Mottram 4-11-07 863 682-7607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #