


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED JUL 21 2005

DOCUMENT # M24786 1. Entity Name STRATEGIC HEALTH DEVELOPMENT CORPORATION	
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FILED

05 JUL 18 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9501 NE 2ND AVENUE MIAMI SHORES, FL 33138		Mailing Address 9501 NE 2ND AVENUE MIAMI SHORES, FL 33138	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062005	Chg-P	CR2E034 (10/03)
4. FEI Number 59-2626367	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	
MILLER, JAMES M. 801 BRICKELL AVENUE 24TH FLOOR MIAMI, FL 33131	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	ST KARNIEWICZ, CYNTHIA L. 1008 PINE BRANCH DRIVE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME	ST Randall S. Grobe 5413 TONYAWATHA TRAIL MONONA, WI 53716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	C KARNIEWICZ, ALFRED JR. 1008 PINE BRANCH DRIVE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME	7000577898 07/22/05--01031--001 **70.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P WALLBANK, NIGEL 811 FARWELL DRIVE MADISON, WI 53704	<input type="checkbox"/> Delete	TITLE NAME	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

2. 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: *Nigel Wallbank* 2-7-05 305-632-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #