2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90016 020 ***150.00

DOCUMENT # M43213

1. Entity Name

STRATEGICS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O ROBERT R. VANCE ~~8245 S.W. 116TH TERRACE~~ ~~MIAMI FL 33156~~	C/O ROBERT R. VANCE ~~8245 S.W. 116TH TERRACE~~ ~~MIAMI FL 33156~~

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
419 CERVINA DR N.	419 Cervina DR North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice FL	City & State: Venice FL
Zip: 34285 Country: Sarasota	Zip: 34285 Country: Sarasota

4. FEI Number 59-2747855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANCE, ROBERT R. ~~8245 SW 116TH TERR.~~ ~~MIAMI FL 33156~~	Name Street Address (P.O. Box Number is Not Acceptable): 419 Cervina Dr. North City: Venice FL Zip Code: 34285

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: Robert R. Vance 1/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT VANCE, ROBERT R. ~~8245 S.W. 116TH TERRACE~~ ~~MIAMI FL~~	☐ Delete	419 Cervina Dr. N. Venice FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS VANCE, CYNTHIA N. ~~8245 S.W. 116TH TERRACE~~ ~~MIAMI FL~~	☐ Delete	419 Cervina Dr. N. Venice FL 34285	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 another like empowered.

SIGNATURE: Robert R. Vance 1/28/08 941-483-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #