## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78615

Entity Name: STRATEGIS CPAS & CONSULTANTS, P.A.

FILED Mar 21, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7211 N DALE MABRY 15955 N. FLORIDA AVENUE

00 SUITE 101

TAMPA, FL 336142669 US LUTZ, FL 335498103 US

Current Mailing Address: New Mailing Address:

7211 N DALE MABRY 15955 N. FLORIDA AVENUE 200 101

TAMPA, FL 336142669 US LUTZ, FL 335498103 US

FEI Number: 59-2886500 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SANFORD, BLAIN
 SANFORD, BLAIN

 7211 N. DALE MABRY
 15955 N. FLORIDA AVENUE

 STE 200
 SUITE 101

 TAMPA, FL 336142669 US
 LUTZ, FL 335498103 US

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: BLAIN SANFORD 03/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition Name: SANFORD, R. BLAIN, Name:

Address: 6613 THOROUGHBRED LOOP Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: R. BLAIN SANFORD P 03/21/2006