


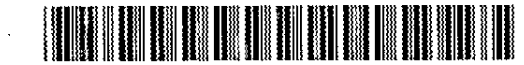
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P0000045641 1. Entity Name STRATEGIC E, INC. |  |
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|---|---|
| Principal Place of Business 7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 | Mailing Address 7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 |
|---|---|

DO NOT WRITE IN THIS SPACE

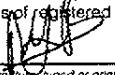


03142003 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-3644110 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent PATEL, PARESHA G 7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 | DO NOT WRITE IN THIS SPACE |
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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.

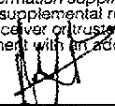
SIGNATURE  **05/18/04.**
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTS PATEL, PARESHA G 7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report.

SIGNATURE:  **05/18/04** **407-445-0495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #