
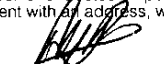


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90036 038 \*\*\*155.00

<b>DOCUMENT # P00000045641</b> 1. Entity Name <b>STRATEGIC E, INC.</b>					
Principal Place of Business <b>7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835</b>			Mailing Address <b>7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835</b>		
2. Principal Place of Business <b>2237 Baesel View Dr</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2237 - Baesel View Dr</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Orlando - FL</b>		City & State <b>Orlando-FL-32835</b>		4. FEI Number <b>59-3644110</b>	
Zip <b>32835</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATEL, PARESHA G 7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>Paresha Patel</b> <b>0116106</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PATEL, PARESHA G 7718 BARDMOOR HILL CIRCLE ORLANDO, FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Patel Paresha G 2237 - Baesel view Dr Orlando - FL-32835</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>PATEL, YATINKUMAR 7718 BARDMOOR HILL CIR ORLANDO, FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>Patel Yatinkumar 2237 - Baesel view Dr. Orlando - FL-32835</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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:  <b>Paresha Patel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>0116106</b> <b>407HH50495</b> <small>Date Daytime Phone #</small>		