

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088034
 1. Entity Name
 Strategic Design Konstruktion, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7613 N. Tuttle Ave. Suite, Apt. #, etc.	3. Mailing Address 7613 N. Tuttle Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Sarasota, Florida	City & State Sarasota, Florida	4. FEI Number 05-1047010	Applied For <input type="checkbox"/> Not Applicable
Zip 34243	Country USA	Zip 34243	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steve D. Keen
 Street Address (P.O. Box Number is Not Acceptable):
 7613 N. Tuttle Ave.
 City: Sarasota FL Zip Code: 34243

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steve D. Keen 7613 N. Tuttle Ave. Sarasota, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/29/02 Daytime Phone #: 941-228-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR