## 2006 FOR PROFIT CORPORATION

## Apr 28, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P01000035806** 04-28-2006 90150 046 \*\*\*150.00 1. Entity Name STRONG PARK, INC. Principal Place of Business Mailing Address 40000000 1000 N. ORLANDO AVENUE 1000 N. ORLANDO AVENUE SUITE D SUITE D WINTER PARK, FL 32789 WINTER PARK, FL 32789 No Chg-P 01042006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3713462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRONG, DAVID C DO NOT WRITE 1000 N. ORLANDO AVENUE SUITE D IN THIS SPACE WINTER PARK, FL 32789 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 \_\_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE STRONG, DAVID C NAME STREET ADDRESS 1000 N. ORLANDO AVENUE SUITE D CITY-ST-ZIP WINTER PARK, FL 32789 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE

12. Thereby 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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

**FILED**