
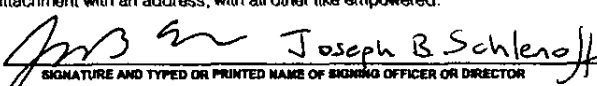


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000046858		
1. Entity Name NANOSTRATA, INC.		
Principal Place of Business 6274 HINES HILL CIR. TALLAHASSEE, FL 32312		Mailing Address PO BOX 4031 TALLAHASSEE, FL 32315
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SCHLENOFF, JOSEPH B 6274 HINES HILL CIR. TALLAHASSEE, FL 32312		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SCHLENOFF, JOSEPH B	
STREET ADDRESS	6274 HINES HILL CIR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	
NAME	SCHLENOFF, ZEINA T	
STREET ADDRESS	6274 HINES HILL CIR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Joseph B. Schlenoff		4 Feb 2008 850 294 7970 <small>Date Daytime Phone #</small>



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3721293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000820354
02/18/08-80025-011 150.00

**DO NOT WRITE
IN THIS SPACE**