

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90044 019 ***150.00



DOCUMENT # P01000066983

1. Entity Name
STRATEGIC RESOURCE ENGINEERING, INC.

Principal Place of Business 1428 BRICKELL AVE SUITE 500 MIAMI, FL 33131	Mailing Address 1428 BRICKELL AVE SUITE 500 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 777 Brickell Ave, 1200	3. Mailing Address 777 Brickell Ave, 1200
Suite, Apt. #, etc. Miami, FL	Suite, Apt. #, etc. 1200

City & State Miami, FL	City & State Miami, FL
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Zip 33131	Country	Zip 33131	Country
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07052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1117428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GODWARD, V. MARK
 1428 BRICKELL AVE
 SUITE 500
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Mark Godward**
 Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Ave, Ste 1200
 City **Miami** **FL** Zip Code **33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Did not receive prior Notice - please waive*

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GODWARD, V. MARK 1428 BRICKELL AVE. STE. #500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark Godward 777 Brickell Ave, Ste 1200 Miami, FL 33131
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"/> Change <input type="checkbox"/> Addition
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"/> 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: V. M. Godward