## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000085549

Title:

Name:

Address:

City-St-Zip:

Entity Name: STRATEGIC RESEARCH SOLUTIONS INC.

FILED Apr 28, 2004 Secretary of State

Littly Name. STRATEGIC RESEARCH	
Current Principal Place of Business:	New Principal Place of Business:
200 FIRST STREET, STE 203 NEPTUNE BEACH, FL 32266	8131 BAYMEADOWS CIRCLE WEST SUITE 202 JACKSONVILLE BEACH, FL 32256
Current Mailing Address:	New Mailing Address:
200 FIRST STREET, STE 203 NEPTUNE BEACH, FL 32266	8131 BAYMEADOWS CIRCLE WEST SUITE 202 JACKSONVILLE BEACH, FL 32256
FEI Number: 59-3741938 FEI Number Appl	ied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Register	ed Agent: Name and Address of New Registered Agent:
MILLER, KATHLEEN M 200 FIRST STREET, STE 203 NEPTUNE BEACH, FL 32266	MANNING, WILLIAM R 8131 BAYMEADOWS CIRCLE WEST SUITE 202 JACKSONVILLE, FL 32256
The above named entity submits this state in the State of Florida.	ment for the purpose of changing its registered office or registered agent, or both,
in the State of Florida.  SIGNATURE: WILLIAM R. MANNING	04/28/2004
in the State of Florida.  SIGNATURE: WILLIAM R. MANNING  Electronic Signature of Recognition (Control of Particular Control of Parti	egistered Agent Date
in the State of Florida.  SIGNATURE: WILLIAM R. MANNING	egistered Agent Date
in the State of Florida.  SIGNATURE: WILLIAM R. MANNING  Electronic Signature of Re  Election Campaign Financing Trust Fund Contril	egistered Agent Date
in the State of Florida.  SIGNATURE: WILLIAM R. MANNING Electronic Signature of Reflection Campaign Financing Trust Fund Contril  OFFICERS AND DIRECTORS:  Title: D () Delete Name: MILLER, KATHLEEN M Address: 124 NATURES ISLE DR	O4/28/2004 egistered Agent Date  Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: D (X) Change ( ) Addition  Name: MANNING, WILLIAM

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM MANNING D 04/28/2004

() Delete

1910 SHADOW RIDGE TRAIL

JACKSONVILLE, FL 32225

RENNIE, JOHN

() Change () Addition