

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085549

FILED
Apr 28, 2006
Secretary of State

Entity Name: STRATEGIC RESEARCH SOLUTIONS, INC.

Current Principal Place of Business:

833 TEMPLETON LANE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

124 NATURES ISLE DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

PO BOX 550504
JACKSONVILLE, FL 32255

New Mailing Address:

PO BOX 3255
PONTE VEDRA BEACH, FL 32004

FEI Number: 59-3741938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNING, WILLIAM R
833 TEMPLETON LANE
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MILLER, KATHLEEN
124 NATURES ISLE DRIVE
PONTE VEDRA BEACH, FL 32082 US

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: KATHLEEN MILLER

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, KATHLEEN M
Address: 124 NATURES ISLE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MANNING, WILLIAM
Address: 833 TEMPLETON LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: LINVILLE, JENNIFER
Address: 285 OCEAN FOREST DR. N.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: RENNIE, JOHN
Address: 1910 SHADOW RIDGE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: KATHLEEN MILLER

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date