


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90292 033 \*\*\*150.00

<b>DOCUMENT # P02000022429</b> 1. Entity Name <b>STRALE TRADING AND CONSULTING, INC.</b>					
Principal Place of Business <b>427 10TH AVE W STE 3 PALMETTO, FL 34221</b>				Mailing Address <b>PO BOX 520 PALMETTO, FL 34220</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 570</b>			
City & State <b>Palmetto FL</b>		City & State <b>Palmetto FL</b>		4. FEI Number <b>55-6654302</b>	
Zip <b>34220</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STRALE, CHRISTER L 427 10TH AVE W STE 3 PALMETTO, FL 34221</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D STRALE, CHRISTER L 427 10TH AVE W STE 3 PALMETTO, FL 34221</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T LIMBERG, STACEY H PO BOX 570 PALMETTO, FL 34220</b>	<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			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u>Stacey H Limberg</u> <span style="float: right;">4/24/05 STACEY H. LIMBERG</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					