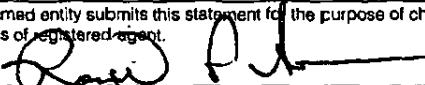
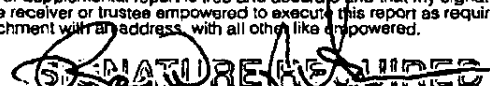


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-10-2003 90175 002 ***150.00

DOCUMENT # P02000032765			
1. Entity Name STRATEGIX, INC.			
Principal Place of Business 541 EAST MITCHELL HAMMOCK ROAD SUITE C OVIEDO FL 32765		Mailing Address PO BOX 622467 OVIEDO FL 622467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3041363		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETERSON, ROY DANIEL 541 EAST MITCHELL HAMMOCK ROAD SUITE C OVIEDO FL 32765		Name	
		Street Address (P.O. Box Number is Not Acceptable) SUITE 300	
		City FL	Zip Code
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: 		DATE: 4/7/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD PETERSON, ROY DANIEL 1260 SECOND AVENUE CHULUOTA FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 541 E. MITCHELL HAMMOCK RD #300	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPT BLAKE, MICHAEL S SR. 541 EAST MITCHELL HAMMOCK ROAD SUITE C OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 541 E. MITCHELL HAMMOCK RD #300	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		DATE: 4/7/03 DAYTIME PHONE # 407-977-0077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (10/02)