

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131263

Entity Name: ESTRATEGIES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

105 MEADOW WOODS LANE
NICEVILLE, FL 32578 US

New Principal Place of Business:

803 PIPPIN DRIVE
NICEVILLE, FL 32578 US

Current Mailing Address:

105 MEADOW WOODS LANE
NICEVILLE, FL 32578 US

New Mailing Address:

803 PIPPIN DRIVE
NICEVILLE, FL 32578 US

FEI Number: 33-1040701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, AUDREY
105 MEADOW WOODS LANE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

ROSS, AUDREY
803 PIPPIN DRIVE
NICEVILLE, FL 32578 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: ROSS, AUDREY
Address: 105 MEADOW WOODS LANE
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP () Delete
Name: JOYNER, MELISSA M
Address: 162 BRAMBLE ST.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP () Delete
Name: OSTOYIC, AUDREY A
Address: 2745 RYAN LANE
City-St-Zip: DELTONA, FL 32738 US

Title: P (X) Delete
Name: ROSS, RAYMOND W
Address: 105 MEADOW WOODS LN.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: ROSS, AUDREY
Address: 190 W. KENNEMUR DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32578 US

Title: P (X) Change () Addition
Name: JOYNER, MELISSA M
Address: 803 PIPPIN DRIVE
City-St-Zip: NICEVILLE, FL 32433 US

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 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.

SIGNATURE: MELISSA M. JOYNER

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date