

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

04-30-2004 90376 011 ***158.75

66429007



DOCUMENT # P03000003594 1. Entity Name STRATEGIC LIAISONS INCORPORATED					
Principal Place of Business 6020 N. ORANGE BLOSSOM AVENUE TAMPA, FL 33604 US			Mailing Address 6020 N. ORANGE BLOSSOM AVENUE TAMPA, FL 33604 US		
2. Principal Place of Business 7217 GENNAKER DRIVE Suite, Apt. #, etc.		3. Mailing Address 7217 GENNAKER DRIVE Suite, Apt. #, etc.			
City & State TAMPA, FLORIDA Zip 33607		City & State TAMPA, FLORIDA Zip 33607		4. FEI Number 14-1864800 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, FELICIA A 6020 N. ORANGE BLOSSOM AVENUE TAMPA, FL 33604			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7217 GENNAKER DRIVE City TAMPA FL Zip Code 33607		
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 <u><i>[Signature]</i></u> - FELICIA A. MITCHELL, President DATE 04/29/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MITCHELL, FELICIA A 6020 N. ORANGE BLOSSOM AVENUE TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7217 GENNAKER DRIVE TAMPA, FLORIDA 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, ANNIE A 5804 35TH AVENUE HYATTSVILLE, MD 20782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> - FELICIA A. MITCHELL DATE 04/29/04 (913) 784-7241 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

66429007
~~#P03000003594~~

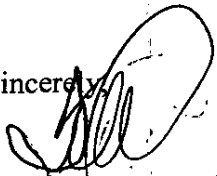
Felicia A. Mitchell
7217 Gennaker Drive
Tampa, Florida 33607

To Whom It May Concern:

The attached document was received on June 7, 2004 and damaged through the United States Postal service. The document was flattened, taped and photocopied to get to it's current state. The letter dated May11, 2004, that accompanied the enclosed documents stated that the requested information must be provided to the Division of Corporations and returned within 30 days of that date. However, since the document was not received until June 7, 2004, I thought it appropriate to use that date to begin the administrative time clock.

The request from the division resulted from the absence of the FEI Number. That information has been provided and I am looking forward to the filing of the annual report and address information being updated. Thank you in advance for your prompt attention to this matter.

Sincerely,



Felicia A. Mitchell

Attachment 66429007

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Strategic Liaisons, Inc.
2. The principal office address: 7217 Gennaker Drive, Tampa, Florida 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/10/03 Document number: P03000003594
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Felicia A. Mitchell

6020 N. Orange Blossom Avenue

Tampa, Florida 33604

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Felicia A. Mitchell

7217 Gennaker Drive

(P.O. Box or personal mailbox NOT acceptable)

Tampa, Florida 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

FELICIA A. MITCHELL
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314