## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000037361**

1. Entity Name

STRATEGIC REAL ESTATE SOLUTIONS, INC.



FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10904 NE 41ST TERR ANTHONY, FL 32617 10904 NE 41ST TERR ANTHONY, FL 32617



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 41-2091292

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COBB, WILLIAM A 10904 NE 41ST TERR ANTHONY, FL 32617

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title 4 appacable. (NOTE: Registered A			Agent argnature required when reinstating) DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan - Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE				
NAME STREET ADDRESS CITY-ST-ZIP	COBB, WILLIAM A 10904 NE 41ST TERR ANTHONY, FL 32617	The state of the second of the	gentige is to a set the state of the	Reference to the second of the	0000006600225 01/26/07-80001-006 150/0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY_ST_7IP	NO LOCAL STATE				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

Tillian a Coll

WILLIAM A. COBB

1-23-07 352-629-6817