

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068032

1. Entity Name
CI STRATEGIES, INC.



FILED

04 JUL -8 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1912 B LEE ROAD
ORLANDO, FL 32810

Mailing Address

1912 B LEE ROAD
ORLANDO, FL 32810

2. Principal Place of Business

P.O. BOX 954147

3. Mailing Address

P.O. BOX 954147

Suite, Apt. #, etc.

LAKE MARY

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1171769

Applied For

Not Applicable

Zip

32795-4147 USA

Country

Zip

32795-4147

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINN, CHRISTOPHER
1912 B LEE ROAD
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

HINN, KAREN

Street Address (P.O. Box Number is Not Acceptable)

1912 LEE RD

City

ORLANDO,

FL

Zip Code

32810

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 5/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINN, CHRISTOPHER	
STREET ADDRESS	1912 B LEE ROAD	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HINN, KAREN, M.	
STREET ADDRESS	P.O. BOX 954147	
CITY-ST-ZIP	LAKE MARY, FL 32795-4147	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HINN, COSTI, J.	
STREET ADDRESS	P.O. BOX 954147	
CITY-ST-ZIP	LAKE MARY, FL 32795-4147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINN, KAREN, M	
STREET ADDRESS	P.O. BOX 954147	
CITY-ST-ZIP	LAKE MARY, FL 32795-4147	
TITLE	D -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTI, J. HINN	
STREET ADDRESS	P.O. BOX 954147	
CITY-ST-ZIP	LAKE MARY, FL 32795-4147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5/04 407-443-0845

Date

Daytime Phone #