2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P03000087855

Entity Name: STRATEGIC CAPITAL RESOURCES, INC.

Current Principal Place of Business:

7900 GLADES ROAD, SUITE 610
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7900 GLADES ROAD, SUITE 610
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 11-3289981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, DAVID
7691 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCT ( ) Delete
Name: MILLER, DAVID
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

Title: SD ( ) Delete
Name: WEISS, SAMUEL G
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

Title: VAS ( ) Delete
Name: MILLER, SCOTT
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: WILSON, RALPH
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: ROACH, JOHN H JR.
Address: 7900 GLADES ROAD, SUITE 610
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID MILLER PCT 04/13/2004

Electronic Signature of Signing Officer or Director — Date