## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000087855

Entity Name: STRATEGIC CAPITAL RESOURCES, INC.

FILED Jan 06, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7900 GLADES ROAD, SUITE 610 BOCA RATON, FL 33434 **Current Mailing Address: New Mailing Address:** 7900 GLADES ROAD, SUITE 610 BOCA RATON, FL 33434 FEI Number: 11-3289981 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, DAVID 7691 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition Name: MILLER, DAVID Name: MILLER, DAVID 7900 GLADES ROAD, SUITE 610 7900 GLADES ROAD, SUITE 610 Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434 Title: S/D Title: () Delete (X) Change ( ) Addition Name: WEISS, SAMUEL G Name: WEISS, SAMUEL G 7900 GLADES ROAD, SUITE 610 7900 GLADES ROAD, SUITE 610 Address: Address: BOCA RATON, FL 33434 BOCA RATON, FL 33434 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition VAS ( ) Delete Title: **VPAS** MILLER, SCOTT MILLER, SCOTT Name: Name: 7900 GLADES ROAD, SUITE 610 7900 GLADES ROAD, SUITE 610 Address: Address: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition WILSON, RALPH Name: Name: Address: 7900 GLADES ROAD, SUITE 610 Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: Title: () Delete () Change () Addition ROACH, JOHN H JR. Name: Name: 7900 GLADES ROAD, SUITE 610 Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: CILLO, LAURIE 7900 GLADES ROAD, SUITE 610 Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33434

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 P/CT 01/06/2005