## 2006 FOR PROFIT CORPORATION REINSTATEMENT

		KEINSIA	A I EIVIEIVI						
DOCUMENT # P03000138483  1. Entity Name STRATEGIC VENTURES CORP						F. J 1			
SINAIL	GIC VLIV	TORES CORF				06 DEC 12 7" 3 30			
Principal Plac	e of Busines	s	Mailing Address	•		TALLE!			
7307-2717 SEVILLE BLVD.			3309 SAN PATRICIO	~	101/	I ALL In' A	),	Ì	
CLEARWATER, FL 33764 US			PLANO, TX 75025 US			MAK			
ÇED WINNE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 03					 	 	<b>    </b>
2. Principal Place of Business			3. Mailing Address					1028552 ~	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11292006	A NOTE A DE CONTRA CONT	2E098 (11/05)	<u> 2000 </u>
City & State			City & State	,	4. FEI Number Applied For 20-0422375 Not Applicable				
Zip		Country	Zip	Cour	ntry		of Status Desired	Fee Require	
6. Name and Address of Current Registered Agent  Name						7. Name and	Address of New Registe	red Agent	
HINGORA 7307-2717	SEVILLE	BLVD.			Street Address (P.O. Box Number is Not Acceptable)				
CLEARWA	AIER, FL	33/64				,			
The above named entity submits this statement for the purpose of changing its registere					City FL Zip Code				
	e named entititions of regist		or the purpose of changing i	its register	ed office or register	red agent, or bo	th, in the State of Florida.	l am familiar with,	_ '
SIGNATURE.	Signature typed	or printed name of registered agent,	Ind title it anolicable (No	OTE: Register	ed Agent signature requir	rad whan reinstation	12	ATE	
	organization of sypical	ar printed name or rogistares agen	7.0 (1.0 1.0 )	OTE. Negistal	ed Agent signature requi	(ac when initiating)		A.C	
		FEE IS \$150.00 07, Fee will be \$300.0	00				In accordance with s. corporation did not re		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	P		☐ Delete	TITL				☐ Change	☐ Addition
NAME	,	ANI, MANOJ J		NAN	<b>I</b>	71	0008245	8577	
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TITLE			☐ Delete	TITL	į.			☐ Change	☐ Addition
NAME STREET ADDRESS		NAM Sters		EET ADDRESS					
CITY-ST-ZIP					-SI-ZIP				
12. Thereby	certify that the	e information supplied with	this filing does not qualify	for the exi	emptions contained	Lin Chapter 119	Florida Statutes I further	r certify that the in	nformation
indicated of the cor changed	on this report poration or the or on an atta	rt or supplemental report is ne receiver or trustee emp achment with an address,	s true and accurate and that owered to execute this repo with all other like empowere	t my signa ort as requi	ture shall have the ired by Chapter 607	same legal effec 7, Florida Statute	ot as if made under oath; thes; and that my name appe	nat I am an officer ears in Block 10 or	or director r Block 11 if
SIGNATURE: Mano /2 12/1/06 (646)3221160									

Date