2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Jul 10, 2008 8:00 am Secretary of State **DOCUMENT # P04000083423** 07-10-2008 90016 043 ***150.00 THE STRAP INC. Mailing Address Principal Place of Business 711 E. DAYTON CIRCLE FT. LAUDERDALE FL 33312 US **301101**00 711 E. DAYTON CIRCLE FT. LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDGE, PHYLLIS D Street Address (P.O. Box Number is Not Acceptable) 711 E. DAYTON CIRCLE FT. LAUDERDALE FL 33312 City Zip Code 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 theid applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 3, 2008 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME HARDGE, RONALD B SR NAME 711 E. DAYTON CIRCLE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME HARDGE, PHYLLIS D NAME STREET ADDRESS 711 E DAYTON CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Defete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I nereby 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 er like empowered.

NG OFFICER OR DIRECTOR

FILED

ATTACHMENT 40110163 PD4000083423

Mr. Scott: 4-8-8

I mail my Annual Report in around the Second week in April Didn't hear-from you till a few weeks ago. Please remove the penalty Charges.

Thank you Mr. Afandse