

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098287

FILED
Apr 20, 2006
Secretary of State

Entity Name: STRATEGIC SYSTEMS & SOLUTIONS INC.

Current Principal Place of Business:

765 HOBART RD
VENICE, FL 34293

New Principal Place of Business:

2198 HOPWOOD RD
NORTH PORT, FL 34287

Current Mailing Address:

4195 TAMIAMI TRL, PMB 108
VENICE, FL 34293

New Mailing Address:

FEI Number: 20-1300310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELL, KEVIN
2198 HOPWOOD RD
NORTH PORT, FL 34287 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: P/C () Delete
Name: CELL, KEVIN MR
Address: 2198 HOPWOOD RD
City-St-Zip: NORTH PORT, FL 34287

Title: S/T () Delete
Name: CELL, LEAH MS
Address: 2198 HOPWOOD RD
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: CELL, LOGAN MR
Address: 765 HOBART RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: CELL, DURAN MR
Address: 765 HOBART RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: ZAPOLI, MARSHA MS
Address: 22111 RIDGEWAY
City-St-Zip: ST CLAIR SHORES, MI 48080

Title: D () Delete
Name: BAKER, REBECCA MS
Address: 535 S BRAYER
City-St-Zip: WESTLAND, MI 48186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CELL, LOGAN MR
Address: 2198 HOPWOOD RD
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: CELL, DURAN MR
Address: 2198 HOPWOOD RD
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: ZAPOLI, MARSHA MS
Address: 22808 SOCIA
City-St-Zip: ST CLAIR SHORES, MI 48082

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 Chapter 119, 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: KEVIN CELL

P/C

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date