

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90032 032 \*\*\*158.75

<b>DOCUMENT # P04000128357</b> 1. Entity Name <b>STRATEGIC SERVICES, INC.</b>																																																																																																																													
Principal Place of Business <b>7718 BARDMOR HILL CR ORLANDO, FL 32835</b>			Mailing Address <b>7718 BARDMOR HILL CR ORLANDO, FL 32835</b>																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent  <b>MEHTA, RONAK 201 PARK PLACE STE #300 ALTAMONTE SPRINGS, FL</b>			7. Name and Address of New Registered Agent Name <b>Paresha Patel</b> Street Address (P.O. Box Number is Not Acceptable) <b>7718 BARDMOR HILL CR.</b> <b>ORLANDO</b> City <b>ORLANDO</b> FL Zip Code <b>32835</b>																																																																																																																										
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>01/30/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>01/30/05</b> <small>Date</small>		DAYTIME PHONE # <b>407-445-0485</b> <small>Daytime Phone #</small>																																																																																																																									

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01212005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1602409** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required