2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000129995

1. Entity Name

STRONG STERLING, INC.



Principal Place of Business

1000 NORTH ORLANDO AVENUE

SUITE D

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

WINTER PARK, FL 32789

Mailing Address

1000 NORTH ORLANDO AVENUE

SUITE D

DO NOT WRITE IN THIS SPACE

WINTER PARK, FL 32789

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90149 006 ***150.00

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01042006

No Chg-P

CR2E034 (11/05)

 4. FEI Number
 Applied For

 20-1615009
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRONG, DAVID C 1000 NORTH ORLANDO AVENUE SUITE D WINTER PARK, FL 32789

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	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered office or r	egistered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	D				
NAME	STRONG, DAVID C				
STREET ADDRESS	1000 NORTH ORLANDO AVENUE, SUITE D				
CITY-ST-ZIP	WINTER PARK, FL 32789				
TITLE					

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SI	G	N	Δ	Γŧ	IR	F

SNATURE AND TYPED OR PRI

R PRIN ED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06

407629-1800

Daytime Phone #