2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2008 08:00 A Secretary of State DOCUMENT # P04000129997 1. Entity Name STRONG CHRISTOPHER, INC. Principal Place of Business Mailing Address 1000 NORTH ORLANDO AVENUE 1000 NORTH ORLANDO AVENUE SUITE D WINTER PARK, FL 32789 WINTER PARK, FL 32789 and the state of t CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1615205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STRONG, DAVID C 1000 NORTH ORLANDO AVENUE SUITE D IN THIS SPACE WINTER PARK, FL 32789 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 105/01/08-80047-021 150.00 TITLE NAME STRONG, DAVID C STREET ADDRESS 1000 NORTH ORLANDO AVENUE, SUITE D CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CIJY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> DONIA C STWOMA GHATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR