

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-13-2006 90273 047 \*\*\*\*45.00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 25 AM 10:39

DOCUMENT # P04000140505

1. Entity Name  
STRIKE AG INC.



Principal Place of Business  
921 S.W. 21 CT.  
FT. LAUDERDALE, FL 33315

Mailing Address  
921 S.W. 21 CT.  
FT. LAUDERDALE, FL 33315

60027254

02/10/06--01045--001 \*\*105.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-P CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBURY, RICHARDSON B JR.  
921 S.W. 21 CT.  
FT. LAUDERDALE, FL 33315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
ALBURY, RICHARDSON B JR.  
921 S.W. 21 CT.  
FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP ☐ Delete

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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.

(954) 763-8583

SIGNATURE: Richardson Basil Albury Jr. Richardson Basil Albury Jr. 10 APR 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4125