FILED May 02, 2007 8:00 am Secretary of State

2007	FOR	PROFI	T COR	PORA	TION
	A	NNUAI	L REPO	RT	

DOCUMENT # P05000000 1. Entity Name STRATEGIC SOLUTIONS GROUP,		05-02-20	07 90060 010 ***150.00					
Principal Place of Business 398 SE MIZNER BLVD. SUITE 1904 BOCA RATON, FL 33432 US	Mailing Address 398 SE MIZNER BLVD. SUITE 1904 BOCA RATON, FL 33432 US			18/14 885/1 88/14 88/14 88/14 18/18/1 18/18/1 1/18/1				
Principal Place of Business - No P.O. Box # 2677 S Ocean Blvd	3. Mailing Address 2677 S Ocean Blvd							
Suite, Apt. #, etc. 4B	Suite, Apt. #, etc. 4B		04302007 Chg-P	CR2E034 (12/06)				
City & State Boca Raton	City & State FL		4. FEI Number 20-2076871	Applied For Not Applicable				
Zip 33432 · Country USA	Zip 33432	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required:				
6. Name and Address of Current	Registered Agent	Name Som	7. Name and Address of New	Registered Agent				
EISNER, NEIL D		Same Street Address (P.O. Box Number is Not Acceptable) 2677 S Ocean Blvd						
SUITE 1904 BOCA RATON, FL 33432		Suite						
, -	City Boca R		FL Zip Code 33432					
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 Signal 1 types or printed came of registered and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
TITLE P	DIRECTORS Delete	11.		FFICERS AND DIRECTORS IN 11 Change Addition				
NAME EISNER, NEIL D STREET ADDRESS 398 SE MIZNER BLVD. SUITE 1 BOCA RATON, FL 33432	904		ne 7 S Ocean Blvd Suite 4E ca Raton, FL 33432	3				
TILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition				
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	- ~					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition				
I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empty changed, or on an attachment with an andress.	owere a to execute this report as i	required by Chapter 60	ur, Florida Statutes; and that my na	s. I further certify that the information er oath; that I am an officer or director ame appears in Block 10 or Block 11 if				
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER OR D	NEISHE	73 2/6'	5612063848 Daylime Phone #				