2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 04, 2006 8:00 am Secretary of State **DOCUMENT # P05000022987** 1. Entity Name 05-04-2006 90210 014 ***158.75 STRATITGIES, INC. Principal Place of Business Mailing Address **602 GRANT CT** 602 GRANT CT SATELLITE BCH, FL 32937 SATELLITE BCH, FL 32937 2. Principal Place of Business 3. Mailing Address P.O. Box 213 VALENCIA Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 CR2E034 (11/05) Chg-P City & State Applied For 4. FEI Number 20-2394453 Not Applicable MKELAND \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REUTHER, DONALD E Street Address (P.O. Box Number is Not Acceptable) 602 GRANT CT SATELLITE BCH, FL 32937 Zip Code 8. The above named entity submits this statement for tbeyourpose 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. MAY 2006 SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE Change ☐ Addition REUTHER, JAMES M NAME NAME STREET ADDRESS 220 FOREST AVE 1213 VALENCIA LN STREET ADDRESS CITY-ST-ZIP KEWASKUM, WI 53040 CITY-ST-ZIP AUBURNDALE FL 33823 D TITLE ☐ Delete TITLE Change ☐ Addition REUTHER, JAMES M NAME NAME 220 FOREST AVE 1213 VALENCIA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEWASKUM, WI 53040 CITY-ST-7IP FL AUBURNDALE *3*38*2*3 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

May 2006
Daytime Phone #