

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080968

Entity Name: STRATA RESEARCH, INC.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

6227 W SHORES RD
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

7676 HAZARD CENTER DRIVE
STE 1300
SAN DIEGO, CA 92108

New Mailing Address:

FEI Number: 20-2948215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PONTS, GRETCHEN PRES.
6227 W SHORES RD
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PHIFE, DAVID S
Address: 7676 HAZARD CENTER DRIVE
City-St-Zip: SAN DIEGO, CA 92108

Title: P () Delete
Name: PONTS, GRETCHEN
Address: 6227 W SHORES RD
City-St-Zip: ORANGE PARK, FL 32003

Title: VP () Delete
Name: PHIFE, SUSAN
Address: 7676 HAZARD CENTER DRIVE
City-St-Zip: SAN DIEGO, CA 92108

Title: SEC () Delete
Name: PHIFE, SUSAN
Address: 7676 HAZARD CENTER DRIVE
City-St-Zip: SAN DIEGO, CA 92108

Title: CFO () Delete
Name: PHIFE, DAVID
Address: 7676 HAZARD CENTER DRIVE
City-St-Zip: SAN DIEGO, CA 92108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PHIFE, DAVID S
Address: 7676 HAZARD CENTER DRIVE #1300
City-St-Zip: SAN DIEGO, CA 92108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PHIFE

CEO

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date