## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 28, 2008 08:00 Al DOCUMENT # P06000057723 **Secretary of State** 1. Entity Name STRONG RESOURCE GROUP, INC. Principal Place of Business Mailing Address 5834 NW 49TH LN 5834 NW 49TH LN COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 CR2E034 (11/05) No Chg-P 02292008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3173961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRONG, PETRA DO NOT WRITE 5834 NW 49TH LN COCONUT CREEK, FL 33073 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE STRONG, PETRA NAME 5834 NW 49TH LN STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME 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
NAME
STREET ADDRESS
CITY - ST - 7/P

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

PETRA Strong

3/25/08

954) 429-938)