2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000033845

Entity Name: STRATEGIC ASSET MANAGEMENT, INC

FILED Oct 05, 2009 Secretary of State

Littly Na	IIIE. SIRAIL	SIC ASSET WANASEMENT, I	NO.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4531 DELEON STREET SUITE 213 FORT MYERS, FL 33907				11069 SEA TROPIC LANE FORT MYERS, FL 33908	
Current N	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
4531 DELEON STREET SUITE 213 FORT MYERS, FL 33907				11069 SEA TROPIC LANE FORT MYERS, FL 33908	
FEI Number	: 90-0355895	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
11069 SEA	MICHAEL D A TROPIC LAN ERS, FL 3390				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: MICHAEI	D. DOMICO			
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DOMICO, MICH 11069 SEA TR FORT MYERS,	OPIC LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X PERLIN, GARY 15354 MYRTLI IONA, FL 3390	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC (DOMICO, JEAN 11069 SEA TR FORT MYERS,	OPIC LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TR (X PERLIN, GARY) Delete L	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JEAN L. DOMICO SEC 10/05/2009

15354 MYRTLE STREET

FORT MYERS, FL 33908

Address:

City-St-Zip: