


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P40909</b> 1. Entity Name <b>STRATES HOLDING CORPORATION</b>	
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Principal Place of Business <b>P.O. BOX 55 ORLANDO, FL 32802</b>	Mailing Address <b>P.O. BOX 55 ORLANDO, FL 32802</b>
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**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0623312</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STRATES, E. JAY 10600 ORANGE AVE. ORLANDO, FL 32824</b>
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000488229</b> <b>04/14/06-80026-008 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STRATES, E. JAY 10600 ORANGE AVE. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STRATES MAGID, SUSAN 10600 ORANGE AVE. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS STRATES DOREMUS, SIBYL 10600 ORANGE AVE. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  <b>E. Jay Strates</b>	Date: <b>3-24-2006</b>	Daytime Phone #: <b>407-855-3939</b>
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