

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039817

FILED
Mar 23, 2009
Secretary of State

Entity Name: STRICTLY STARTERS, INC.

Current Principal Place of Business:

7345 W. SAND LAKE ROAD
SUITE 317
ORLANDO, FL 32819 US

New Principal Place of Business:

5238 CYPRESS CREEK DR.
ORLANDO, FL 32811 US

Current Mailing Address:

5238 CYPRESS CREEK DR.
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-3255542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, PERRY D
5238 CYPRESS CREEK DRIVE
ORLANDO, FL 32811 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: SEC () Delete
Name: PERRY, ELIZABETH S
Address: 5238 CYPRESS CREEK DRIVE
City-St-Zip: ORLANDO, FL 32811 US

Title: PRE () Delete
Name: PERRY, FLOYD D JR.
Address: 5238 CYPRESS CREEK DR.
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ELIZABETH PERRY

SECY

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date