

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P95000001598

1. Entity Name

STROUSE, INC.



Principal Place of Business

2108 NE 1ST AVE
FT LAUDERDALE FL 33305

501 SW. 20th STREET
FT. LAUDERDALE, FLA. 33315

Change of
ADDRESS

Mailing Address

2108 NE 1ST AVE
FT LAUDERDALE FL 33305

Change of
ADDRESS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

501 SW. 20th STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLA.

City & State

(BTH)

Country

Zip

33315

Country

6. Name and Address of Current Registered Agent

STROUSE, THOMAS W
2108 NE 1ST AVE
FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STROUSE, THOMAS W
STREET ADDRESS 2108 NE 1ST AVE
CITY-ST-ZIP FT LAUDERDALE FL 33305

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

THOMAS W. STROUSE PRESIDENT

February 8th 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STROUSE, INC.

Date

Daytime Phone #

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90058 032 ***150.00

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1st MOORE CR2E034 (10/04)