

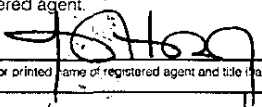
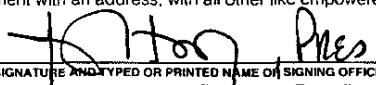


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90042 004 ***150.00

DOCUMENT # P97000010251 1. Entity Name STRONG/MAGPARK, INC.																																																																																																																																			
Principal Place of Business 1201 S ORLANDO AVE, SUITE 360 WINTER PARK, FL 32789			Mailing Address 1201 S ORLANDO AVE, SUITE 360 WINTER PARK, FL 32789																																																																																																																																
2. Principal Place of Business 1000 N. Orlando Ave. Suite, Apt. #, etc. Suite D		3. Mailing Address 1000 N. Orlando Avenue Suite, Apt. #, etc. Suite D																																																																																																																																	
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number 59-3421331																																																																																																																															
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent STRONG, DAVID C 1201 S ORLANDO AVE, SUITE 360 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 N. Orlando Avenue Suite D City Winter Park FL Zip Code 32789																																																																																																																															
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  3/22/05 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D STRONG, DAVID C</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">1000 N. Orlando Avenue, Suite D</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">1201 S ORLANDO AVE, SUITE 360</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Winter Park, FL 32789</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">WINTER PARK, FL 32789</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D STRONG, DAVID C	<input type="checkbox"/> Delete	TITLE	1000 N. Orlando Avenue, Suite D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1201 S ORLANDO AVE, SUITE 360		NAME	Winter Park, FL 32789		STREET ADDRESS	WINTER PARK, FL 32789		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition							CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition							CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			3/22/05 407-629-1800																																																																																																																																
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> David C. Strong			<small>Date Daytime Phone #</small>																																																																																																																																