2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P97000067597 03-24-2005 90043 040 ***150.00 STRONG/IMPERIAL, INC. Principal Place of Business Mailing Address 1201 SOUTH ORLANDO AVENUE STE. 360 1201 SOUTH ORLANDO AVENUE, STF. 360 WINTER-PARK, FL-32789 WINTER PARK, FL-32789 2. Principal Place of Business 3. Mailing Address 1000 N. Orlando Avenue 000 N. Orlando Avenue Suite Apt. #, etc. Suite D 01072005 CR2E034 (10/03) Chg-P City & State Winter Park, FL City & State 4. FEI Number Applied For Winter Park, FL 59-3460495 Not Applicable Country \$8.75 Additional ^{Zip} 32789 ^{Zip} 32789 USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRONG, DAVID C 1201 SOUTH ORLANDO AVENUE STE. 360 Street Address (P.O. Box Number is Not Acceptable) 1000 N. Orlando Avenue WINTER PARK, FL 32780. Suite D Witner Park 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. 3 22 05 アイ SIGNATURE: Signature, type title il applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME STRONG, DAVID C NAME 1000 N. Orlando Ave., Suite D STREET ADDRESS 1201 SOUTH ORLANDO AVENUE STE. 360 STREET ADDRESS Winter Park, FL 32789 WINTER PARK, FL 32789 CHY-ST-7IP CITY-ST-7IP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 it 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.

NING OFFICER OR DIRECTOR

3/22/05

407-629-1800

FILED Mar 24, 2005 8:00 am