


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90127 001 \*\*\*450.00

<b>DOCUMENT # P97000088660</b>		
1. Entity Name <b>STRATEGIC REAL ESTATE CORP.</b>		

Principal Place of Business 12518 83RD LANE NORTH W. PALM BEACH, FL 33412	Mailing Address 12518 83RD LANE NORTH W. PALM BEACH, FL 33412
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**66413573**



2. Principal Place of Business <b>4369 Northlake Blvd</b>	3. Mailing Address <b>4369 Northlake Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

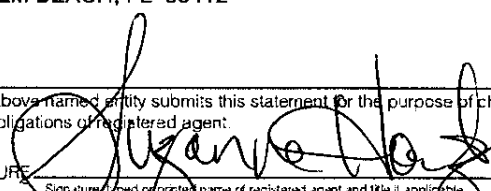
City & State <b>Palm Beach Gardens FL</b>	City & State <b>Palm Beach Gardens FL</b>
Zip <b>33410</b>	Zip <b>33410</b>
Country	Country

4. FEI Number <b>65-0791045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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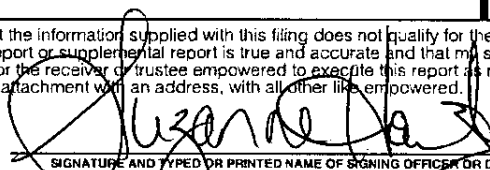
6. Name and Address of Current Registered Agent  <b>HORWITZ, SUZANNE</b> <b>12518 83RD LANE NORTH</b> <b>W. PALM BEACH, FL 33412</b>
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7. Name and Address of New Registered Agent Name <b>Suzanne Horwitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>11971 Carnegie</b> City <b>West Palm Beach</b> FL Zip Code <b>33412</b>
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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 	DATE <b>4/15/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORWITZ, SUZANNE</b> <b>12518 83RD LANE NORTH</b> <b>W. PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11971 Carnegie</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE <b>4/15/04</b> Daytime Phone # <b>202-2400</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	