

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 APR 25 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272006 No Chg-P CR2E034 (11/05)

DOCUMENT # P97000088660
 1. Entity Name
STRATEGIC REAL ESTATE CORP.



Principal Place of Business 4769 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410	Mailing Address 4769 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0791045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORWITZ, SUZANNE
 11971 CARNEGIE
 WEST PALM BEACH, FL 33412

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, SUZANNE 11971 CARNAGIE W. PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200074030232
 05/05/06--01011--001 **600.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Suzanne Horwitz* **3/27/06** (561) 222-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #