


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
06 APR 25 PM 4:34
SECRETARY OF STATE
FLORIDA



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0791045	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

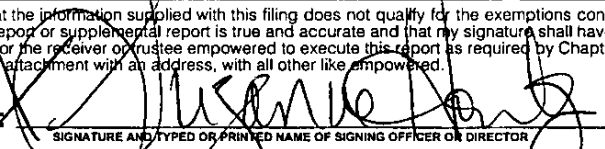
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, SUZANNE 11971 CARNEGIE W. PALM BEACH, FL 33412
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05/05/06--01011--001 **600.00

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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:  **3/27/06 (561) 222-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #