

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058556

Entity Name: STRICTLY ADDITIONS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

317 S. STATE ROAD 7  
PLANTATION, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

317 S. STATE ROAD 7  
PLANTATION, FL 33317

## New Mailing Address:

FEI Number: 65-0845891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CATES, JOHN R  
3418 S UNIVERSITY DR #222  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

MORSE, CRAIG P  
317 S STATE ROAD 7  
PLANTATION, FL 33317 US

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.

SIGNATURE: CRAIG MORSE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: MORSE, CRAIG P  
Address: 511 SW 5TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: D ( ) Delete  
Name: MORSE, CRAIG P  
Address: 511 SW 5TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: V ( ) Delete  
Name: MORSE, PATRICK  
Address: 1515 NW 4TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG MORSE

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date