2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000031842

1. Entity Name
RETIREMENT & INVESTMENT STRATEGIES, INC.

Principal Place of Business	Mailing Address
1370 SARNO RD STE B MELBOURNE, FL 32935	1370 SARNO RD STE B MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

03012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3608010	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, PHILLIP C
1370 SARNO ROAD, SUITE B
MELBOURNE, FL 32935

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000656044 03/14/07-80003-003 158.75

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLIS, PHILLIP C
STREET ADDRESS	1223 BANANA RIVER DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	VPSD
NAME	ELLIS, MINDY R
STREET ADDRESS	1223 BANANA RIVER DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____Phillip C. Ellis_____ 3-1-07 321 751-4115

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