## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000048335

1. Entity Name

STRATEGIC MEDECISIONS, INCORPORATED



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

4762 AUGUSTA AVE. OLDSMAR, FL 34677 Mailing Address

4762 AUGUSTA AVE. OLDSMAR, FL 34677



04152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0924886

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

| MURPHY, PATRICK<br>4672 AUGUSTA AVE.<br>OLDSMAR, FL 34677                                                                                                                                                                                                                                                                                                                       |                                                                |                                                      | DO NOT WRITE<br>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                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                      |                                  |                                           |  |
| FILE NOWIII FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                           |                                                                | Election Campaign Finan     Trust Fund Contribution. | cing \$5.00 May Be Added to Fees |                                           |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                             | 10. OFFICERS AND DIRECTORS                                     |                                                      |                                  |                                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           | P<br>MURPHY, PATRICK<br>4762 AUGUSTA AVE.<br>OLDSMAR, FL 34677 |                                                      |                                  | ·                                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                      |                                  |                                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                      | DO                               | NOT WRITE                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                      | IN '                             | THIS SPACE                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                      |                                  | U00000713571<br>04/26/07-80094-022 150.00 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                      |                                  |                                           |  |
| 12. Thereby certify that the information supplied with this filling 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 cath, that I am an officer or director. |                                                                |                                                      |                                  |                                           |  |

12. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

4/12/07

717-781-7219

Daytime Phone ⊭