
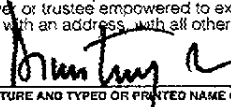


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000088743		
1. Entity Name STRATEGIC PARTNERS GROUP, INC.		
Principal Place of Business 1939 S. ORANGE AVE SARASOTA, FL 34239 US		Mailing Address 3412 CLARK RD. #230 SARASOTA, FL 34231 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EREZ, HOLLY K 1939 S. ORANGE AVE SARASOTA, FL 34239		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	EREZ, HOLLY K	
STREET ADDRESS	1939 S. ORANGE AVE.	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE	EVP	
NAME	EREZ, DIMITRY V	
STREET ADDRESS	1939 S. ORANGE AVE.	
CITY - ST - ZIP	SARASOTA, FL 34239	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3/12/04 941-954-0365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0958448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000087909
03/15/04-80029-022 150.00