


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S35699**  
 1. Entity Name  
**ACQUISITION STRATEGIES, INC.**



Principal Place of Business      Mailing Address  
**709 GUI SANDO DE AVILA**      **709 GUI SANDO DE AVILA**  
**TAMPA, FL 33613 US**      **TAMPA, FL 33613 US**

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

4. FEJ Number      Applied For  
**59-3067529**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**JORDAN, PAMELA S**  
**709 GUI SANDO DE AVILA**  
**TAMPA, FL 33613**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**


000000503311  
 04/28/06-80027-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JORDAN, PAMELA S
STREET ADDRESS	709 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	ST
NAME	WOLF, THOMAS G
STREET ADDRESS	709 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **PAMELA JORDAN, PRESIDENT**      4/11/06      813 968 9792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #