


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90034 010 \*\*\*150.00

**DOCUMENT # S35699**

1. Entity Name  
**ACQUISITION STRATEGIES, INC.**



Principal Place of Business      Mailing Address

~~709 GUISANDO DE AVILA~~      ~~709 GUISANDO DE AVILA~~  
~~TAMPA, FL 33613 US~~      ~~TAMPA, FL 33613 US~~

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**10301 MARCHMONT COURT**      **10301 MARCHMONT COURT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**TAMPA FL**      **TAMPA FL**

Zip      Country      Zip      Country

**33626 USA**      **33626 USA**



04092008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**59-3067529**      Not Applicable

**6. Name and Address of Current Registered Agent**

**JORDAN, PAMELA S**  
~~709 GUISANDO DE AVILA~~  
~~TAMPA, FL 33613~~

**7. Name and Address of New Registered Agent**

Name  
**JORDAN, PAMELA S**

Street Address (P.O. Box Number is Not Acceptable)  
**10301 MARCHMONT COURT**

City **TAMPA**      State **FL**      Zip Code **33626**

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]*      **Pamela Jordan, Pres**      DATE: **4/12/08**

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, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P</b><br><b>JORDAN, PAMELA S</b><br><del>709 GUISANDO DE AVILA</del><br><del>TAMPA, FL 33613</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10301 MARCHMONT COURT</b><br><b>TAMPA FL 33626</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ST</b><br><b>WOLF, THOMAS G</b><br><del>709 GUISANDO DE AVILA</del><br><del>TAMPA, FL 33613</del> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>10301 MARCHMONT COURT</b><br><b>TAMPA FL 33626</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *[Signature]*      **Pamela Jordan, President**      DATE: **4/12/08**      DAYTIME PHONE #: **813 968 2792**

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