

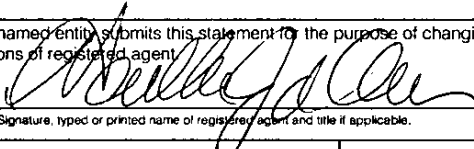
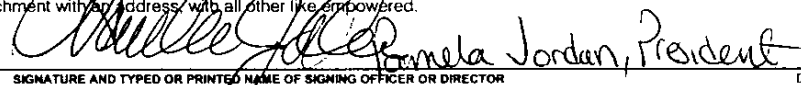


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 709 GUISANDO DE AVILA TAMPA, FL 33613 US			Mailing Address 709 GUISANDO DE AVILA TAMPA, FL 33613 US		
2. Principal Place of Business - No P.O. Box # 10301 MARCHMONT COURT Suite, Apt. #, etc.		3. Mailing Address 10301 MARCHMONT COURT Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		04092008 Chg-P CR2E034 (12/06)	
Zip 33626		Country USA		4. FEI Number 59-3067529	
City & State TAMPA FL		City & State TAMPA FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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:  Pamela Jordan, Pres DATE: 4/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JORDAN, PAMELA S 709 GUISANDO DE AVILA TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10301 MARCHMONT COURT TAMPA FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOLF, THOMAS G 709 GUISANDO DE AVILA TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10301 MARCHMONT COURT TAMPA FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  Pamela Jordan, President			DATE: 4/12/08 DAYTIME PHONE: 813 968 2792		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					