2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # V13190 1. Entity Name STRATEGIC DEVELOPMENT INITIATIVES, INC. Principal Place of Business Mailing Address 8422 SE ROYAL ST HOBE SOUND FL 33455 US 8422 SE ROYAL ST HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0320035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELANEY, DON Street Address (P.O. Box Number is Not Acceptable) 8422 ROYAL STREET HOBE SOUND FL 33455 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NCTE Registered Agent signature required whon (einstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Additron TITLE NAME DELANEY, DON NAME U000000068995 8422 ROYAL STREET STREET ADDRESS STREET ADDRESS 02/27/04-80064-006 150.00 CITY -ST-ZIP HOBE SOUND FL 33455 CITY -ST-ZIP Delete TITLE Change ☐ Addition TITLE DELANEY, KIM NAME NAME STREET ADDRESS 8422 SE ROYAL ST STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CMY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of flustee 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:

DON DELLINEY, PRESIDE

FILED