2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46170

1345 WEST LAKE COLONY DR

MAITLAND, FL 32751

Address: City-St-Zip: FILED Mar 11, 2008 Secretary of State

Entity Name: STRATEGIC FINANCIAL GROUP, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
549 N WYI STE 205 MAITLAND	MORE RD), FL 32751	US	543 N WYMORE RD STE 101 MAITLAND, FL 32751	US	
Current M	ailing Addre	ss:	New Mailing Address:	New Mailing Address:	
), FL 32751	US	543 N WYMORE RD STE 101 MAITLAND, FL 32751	US	
FEI Number:	59-3129079	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
549 NORT	N, RANDALL H WYMORE I), FL 32751	E. ROAD, SUITE 205 US		ELLINGTON, RANDALL E. 543 NORTH WYMORE ROAD, SUITE 101 MAITLAND, FL 32751 US	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: RANDALL E. ELLINGTON				03/11/2008	
Electronic Signature of Registered Agent Date					
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ELLINGTON, F	AKE COLONY DR	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ELLINGTON, J	YMORE ROAD, SUITE 205	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	SECR (ELLINGTON, J) Delete ANICE	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JANICE ELLINGTON **VPT** 03/11/2008