I hereby 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 all other like empowered. 04/13/2015

SIGNATURE: SIMONA STRONG

Electronic Signature of Signing Officer/Director Detail

PANAMA CITY. FL 32405 US FEI Number: 45-3205587

Current Principal Place of Business:

DOCUMENT# P11000080517

Current Mailing Address:

114 N STAR AVE PANAMA CIT. FL 32405

114 N STAR AVE

Name and Address of Current Registered Agent:

WILLIAMS, JOY 114 N STAR AVE PANAMA CITY, FL 32405 US

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.

SIGNATURE:	JOY WILLIAMS
------------	--------------

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P
Name	STRONG, SIMONA L
Address	114 N STAR AVE
City-State-Zip:	PANAMA CITY FL 32405

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SIMONA STRONG CONSULTING SERVICES, INC.

FILED Apr 13, 2015 Secretary of State CC0124039498

Certificate of Status Desired: No

04/13/2015 Date

Date

PRESIDENT