



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>103959</b>		2. Name of Corporation <b>STRATEGIC INITIATIVES, INC</b>			
3. Street Address Principal Business Office <b>590 COLLINS AVE # 1401</b>		City <b>MIAMI BEACH</b>	State <b>FL</b>	Zip <b>33140</b>	
4. Business Phone No. <b>305-865-8186</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Consulting services</b>					
<del>7. SHARES AUTHORIZED - NOT TO BE COMPLETED</del>					
President Name <b>MARC A. SILVERMAN</b>			Vice President Name		
Street Address <b>5900 COLLINS AVE # 1401</b>			Street Address		
City <b>MIAMI BEACH</b>	State <b>FL</b>	Zip <b>33140</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<del>8. SHARES AUTHORIZED - NOT TO BE COMPLETED</del>					
Director Name <b>MARC A. SILVERMAN</b>			Director Name		
Street Address <b>5900 COLLINS AVE # 1401</b>			Street Address		
City <b>MIAMI BEACH</b>	State <b>FL</b>	Zip <b>33140</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<del>9. SHARES AUTHORIZED - NOT TO BE COMPLETED</del>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares <b>1,000</b>	Class/Series <b>COMMON</b>	Par Value <b>WITHOUT PAR VALUE</b>	Number of Shares <b>100</b>	Class/Series <b>COMMON</b>	Par Value <b>WITHOUT PAR VALUE</b>
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Marc Silverman* NOVEMBER 7, 2007  
Signature Date

**MARC A SILVERMAN**  
Print or Type Name

**PRESIDENT**  
Title