## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F88633

FILED Aug 21, 2008 Secretary of State

Entity Name: LEE ARNOLD & ASSOCIATES, INC.

Current Pri	ncipal Place o	of Business:	New Princ	New Principal Place of Business:		
311 PARK PLACE BLVD SUITE 600 CLEARWATER, FL 33759						
Current Mailing Address:			New Mailii	New Mailing Address:		
311 PARK PLACE BLVD SUITE 600 CLEARWATER, FL 33759						
FEI Number:	59-2199808	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificat	e of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Regi	stered Agent:	
ARNOLD, LEE E 311 PARK PLACE BLVD SUITE 600 CLEARWATER, FL 33759 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:						
Electronic Signature of Registered Agent			t	[	Date	
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					CERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARNOLD, LEE E	E BVLD., SUITE 600	Title: Name: Address: City-St-Zip:	( ) Change(	) Addition	
Title: Name: Address: City-St-Zip:	DUFFY, JOHN P	elete E BVLD., SUITE 600 L 33759	Title: Name: Address: City-St-Zip:	() Change (	) Addition	
Title: Name: Address: City-St-Zip:	SPARKS, RONNI	RESS ST, SUITE 300	Title: Name: Address: City-St-Zip:	( ) Change(	) Addition	
Title: Name: Address: City-St-Zip:	SAMPSON, RUSS	RESS ST, SUITE 300	Title: Name: Address: City-St-Zip:	( ) Change (	) Addition	
Title: Name: Address: City-St-Zip:	ROSENTHAL, HO	BVLD., SUITE 600	Title: Name: Address: City-St-Zip:	VP (X) Change ( LAMB, KIMBERLY 311 PARK PLACE BVLD., CLEARWATER, FL 33759	SUITE 600	
Title: Name: Address: City-St-Zip:	SULLIVAN, MATT	TON ST. SUITE 300	Title: Name: Address: City-St-Zip:	( ) 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.						

SIGNATURE: MICHAEL DELP VP 08/21/2008