2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 08:00 AM DOCUMENT # J67761 **Secretary of State** 1. Entity Name D.W. KLEE, INC. Principal Place of Business Mailing Address D.W. KLEE, INC. D.W. KLEE, INC. 2120 WILEY STREET 2120 WILEY STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2804209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOMPKINS, DARRYL J. DO NOT WRITE 2400 EAST COMMERCIAL BOULEVARD **SUITE 820** IN THIS SPACE FORT LAUDERDALE, FL 33308 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NDTE: Registered Agent signature required when reinstating) 01/17/07-80006-020 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE NAME KLEE, DAVID W. STREET ADDRESS 2120 WILEY STREET CITY-ST-ZIP HOLLYWOOD, FL TITLE NAME KLEE, DAVID W. STREET ADDRESS 2120 WILEY STREET CITY-ST-ZIP HOLLYWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR

Jan 11,2007 95

954-92/-5862 Daveme Phone #

FILED