

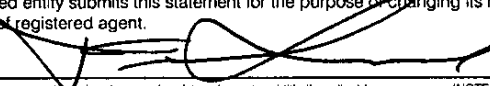



# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 248913</b> 1. Entity Name <b>MYRA LEE INC</b>						<b>FILED</b> 05 DEC 13 PM 12:55  <i>B 12/14/05</i> 			
Principal Place of Business <b>ROSE BORKIN</b> <b>1301 SHARAZAD BLVD</b> <b>OPA LOCKA, FL 33054</b>				Mailing Address <b>ROSE BORKIN</b> <b>1301 SHARAZAD BLVD</b> <b>OPA LOCKA, FL 33054</b>					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address <b>FREDRICK SUSANECK</b> Suite, Apt. #, etc. <i>PO Box 1313</i> City & State <b>WEST PALM BCH, FL</b> Zip <i>33402</i> Country <b>USA</b>		12092005      Chg-P      CR2E034 (10/03)		4. FEI Number <b>59-0971396</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SUSANECK, ESTELLE</b> <b>1301 SHARAZAD BLVD.</b> <b>#1</b> <b>OPA LOCKA, FL 33054</b>				7. Name and Address of New Registered Agent Name <b>FREDRICK SUSANECK</b> Street Address (P.O. Box Number is Not Acceptable) <b>324 DATORA Street #145</b> City <b>WEST PALM BCH FL</b> Zip Code <b>33401</b>					
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 Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE 				<b>FREDRICK SUSANECK</b> 12/9/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SUSANECK, FREDRICK</b> STREET ADDRESS <b>1301 SHARAZAD BLVD</b> CITY-ST-ZIP <b>OPA LOCKA, FL 00000,</b>				TITLE <b>P, S, T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>FREDRICK SUSANECK</b> STREET ADDRESS <b>324 DATORA St. #145</b> CITY-ST-ZIP <b>WEST PALM BCH, FL 33401</b>					
TITLE <b>STP</b> <input checked="" type="checkbox"/> Delete NAME <b>SUSANECK, ESTELLE</b> STREET ADDRESS <b>1301 SHARAZAD BLVD</b> CITY-ST-ZIP <b>OPA LOCKA, FL 00000,</b>				TITLE  NAME  STREET ADDRESS <b>200062115592</b> CITY-ST-ZIP <b>12/13/05--01032--013 **70.00</b>					
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete NAME <b>SUSANECK, EARL</b> STREET ADDRESS <b>1301 SHARAYAD BLVD.</b> CITY-ST-ZIP <b>OPA LOCKA, FL</b>				TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  					
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  				TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				<b>FREDRICK SUSANECK</b> 12/8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date      Daytime Phone #					