2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State **DOCUMENT #411068** 1 Entity Name LEE THUNELL ASSOCIATES, INC. Principal Place of Business Mailing Address 2100 ALAMEDA AVE. 2100 ALAMEDA AVE. ORLANDO, FL 32804 ORLANDO, FL 32804 US 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1420129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THUNELL A.J. DO NOT WRITE 2100 ALAMEDA AVE. ORLANDO, FL 32804 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature moulised when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE THUNELL A.J. NAME 2100 ALAMEDA AVE. STREET ADDRESS ORLANDO FL, CITY-ST-7IP TITLE NAME U00000556272 05/17/06-80003-007 150.00 STREET ADDRESS CDY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP सारा ह 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 attachgrapt with an address, with all piler like empowered.

SIGNATURE:

NAME STREET ADDRESS CATY-ST-ZIP

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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907-723-73 Davime Phone 8