


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90041 030 \*\*\*150.00

<b>DOCUMENT # 648915</b> 1. Entity Name SHY HIGH ENTERPRISES, INC.	
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Principal Place of Business 2150 WINSTON DR COCOA, FL 32926	Mailing Address 2150 WINSTON DR COCOA, FL 32926
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**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1973388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

LEE, JOE H. M.D.  
~~495 SHY HIGH DRIVE~~ 2150 Winston Drive  
MERRITT ISLAND, FL 32953 Cocoa, FL 32926

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, JOE H 2150 WINSTON DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, JOE H JR 2150 WINSTON DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEE, MARIAN A 2150 WINSTON DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Marian H. Lee 1-16-07 321-631-3378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #