2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# J01221

Entity Name: G. LEE L. INC.

Current Principal Place of Business:

C/O ROBERT SAKER
91-22ND AVE
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

G LEE L INC
P.O. BOX 866
APALACHICOLA, FL 32329 US

New Mailing Address:

FEI Number: 59-2656023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAKER, ROBERT
91 22ND AVE
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAKER, ROBERT
Address: P.O. BOX 866, N/A; HIGHWAY 98 W.
City-St-Zip: APALACHICOLA, FL

Title: T ( ) Delete
Name: SAKER, ROBERT
Address: P.O. BOX 866, N/A; HIGHWAY 98 W.
City-St-Zip: APALACHICOLA, FL

Title: S ( ) Delete
Name: SAKER, LUCILLE A
Address: 426 HWY 98 W
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAKER, ROBERT
Address: P.O. BOX 866, 91-22ND AVE.
City-St-Zip: APALACHICOLA, FL

Title: T (X) Change ( ) Addition
Name: SAKER, ROBERT
Address: P.O. BOX 866, 91-22ND AVE
City-St-Zip: APALACHICOLA, FL

Title: S (X) Change ( ) Addition
Name: SAKER, LUCILLE A
Address: 91-22ND AVE
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SAKER P 04/19/2007

Electronic Signature of Signing Officer or Director — Date