2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							TILEU	1_	
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Entity Name ED LEE ALUMINUM CONTRACTOR, INC.									
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Principal Plac	e of Business	Mailing Address	•						
400 N. CENTRAL AVENUE 4619 STURGEON DR AVON PARK, FL 33825 SEBRING, FL 33870									
AVUN PAKK,	LF 22052	SEBRING, FL 33870							P30: :: :==
Principal Place of Business 3. Mailing Address									
3320 N Horse Shoe Dr. 3320 N. Horse Sh.			eshoe L	<i>Jr,</i>	1 (8 8 11 18 8 18	. O(101 11201 15167 17106 1111	EIEN EIEN EIT	'II BISTI BISTI E(P))(60) () (00)
Suite, Apr. #, etc.					03012006	Chg-P	CR2E0	34 (11/05)	
A VON	Pork Fl.	AVON Park	FI		4. FEI Numbe 59-276				plied For ot Applicable
33825	Country /	Zip 27915	Country A			of Status Desired		\$8.75 Add	litional
2200.	6. Name and Address of Current F		<u> </u>	ļ	7. Name and	Address of New Ro		Fee Required	<u> </u>
Name / FE + AWES F									
LEE, JAMES E — 4619 STURGEON DR				Street Address (P.O. Box Number is Not Acceptable)					
SEBRING, FL 33870				3320 Horseshue Dr.					
			City Avon Park FL Zip Code 25						
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									
		9. Election Campaign	n Financias		00				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0				00 May Be ed to Fees				
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE	PD	☐ Delete	TITLE	P.D. K	LEE, JA	MES E	-	Change	☐ Addition
NAME STREET ADDRESS	LEE, JAMES E 4619 STURGEON DR		NAME STREET ADDRESS	3:	320 NO	seshoe Dr	•		ŀ
CITY-ST-ZIP	SEBRING, FL		CITY-ST-ZIP	A	von Par	K F1. 338	725	,	ļ
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CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	A	Van Pas	ond SI,	22025	-	
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12. I hereby certify that the information supplied with this filling 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: Ellen M. Lee Ellen M Lee 3-20-06 863-453-3306									
SIGNAL	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	DIRECTOR	- / 1	<u>ہے۔ ر</u>	<u> </u>	, 00	avtime Phone #	<u> </u>