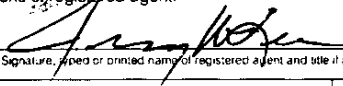
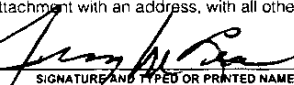


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90023 049 ***150.00

DOCUMENT # K59656 1. Entity Name JERRY LEA ASSOCIATES, INC.					
Principal Place of Business 4427 PARKBREEZE COURT ORLANDO, FL 32808 US			Mailing Address 1200 ARDEN ST LONGWOOD, FL 32750 US		
2. Principal Place of Business - No P.O. Box # 3626 Silver Star Road Suite, Apt. #, etc. Orlando, FL		3. Mailing Address Suite, Apt. #, etc.			
City & State 32808		City & State			
Zip 32808	Country	Zip	Country	4. FEI Number 59-2928378	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEA, JERRY M. 1200 ARDEN STREET LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 1/22/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEA, JERRY M. 1200 ARDEN STREET LONGWOOD, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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:  Jerry M. Lea January 23, 2007 407.299.4202 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					