

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2007 90028 050 \*\*\*150.00

<b>DOCUMENT # L43056</b> 1. Entity Name LEE KVARNBERG, AIA, INC.					
Principal Place of Business 350 SOUTH COUNTY ROAD 202 PALM BEACH, FL 33480 US			Mailing Address 18640 LOCHPOINT CT JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>529 30<sup>th</sup> STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WEST PALM BEACH, FL.</b>		4. FEI Number 65-0165943	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33407</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KVARNBERG, LEE 18640 LOCHPOINT CT JUPITER, FL 33458			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>529 30<sup>th</sup> STREET</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33407</b>		
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 <u>LEE KVARNBERG, PRESIDENT</u> DATE <u>2.20.07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV KVARNBERG, LEE 18640 LOCHPOINT CT JUPITER, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>529 30<sup>th</sup> STREET</b> <b>WEST PALM BEACH, FL. 33407</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>LEE KVARNBERG, PRESIDENT</u> DATE <u>2/20/07</u> 561-832-4645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					