

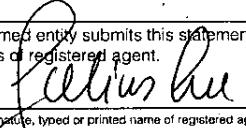
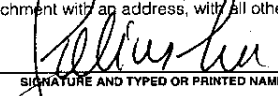


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90007 019 \*\*\*150.00

<b>DOCUMENT # M80661</b> 1. Entity Name <b>JULIUS LEE'S CONSULTING ENGINEERS, P.A.</b>																													
Principal Place of Business <b>15880 WEATHERLY RD</b> <b>WELLINGTON, FL 33414 US</b>			Mailing Address <b>C/O MCGRATH &amp; MEYERS PA</b> <b>5725 CORP WAY #101</b> <b>WEST PALM BEACH, FL 33407 US</b>																										
2. Principal Place of Business <b>11781 St. Andrews Pl</b> Suite, Apt. #, etc. <b>Apt 108</b>		3. Mailing Address Suite, Apt. #, etc.																											
City & State <b>Wellington, FL 33414</b>		City & State Zip <b>33414</b>		4. FEI Number <b>65-0055040</b>																									
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>LEE, JULIUS</b> <b>15880 WEATHERLY RD</b> <b>WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11781 St Andrews Place, Apt 108</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</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:  DATE: <b>1/22/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEE, JULIUS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15880 WEATERLY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	LEE, JULIUS		STREET ADDRESS	15880 WEATERLY RD		CITY-ST-ZIP	WELLINGTON, FL 33414		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11781 St. Andrews Pl Apt 108</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11781 St. Andrews Pl Apt 108		STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DATE: <b>1/22/04</b> <b>561-719-2567</b> <small>Daytime Phone #</small>																										